Space Healthcare Limited

Space Healthcare

Inspection Report

7-9 York House
Clarendon Avenue
Leamington Spa
Warwickshire
CV32 5PP
Tel:01926 282282
Website: www.space-healthcare.co.uk

Date of inspection visit: 4 August 2016
Date of publication: 23/09/2016

Overall summary

We carried out an announced comprehensive inspection on 4 August 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

Space Healthcare is situated in Leamington Spa, Warwickshire and provides private dental treatment. The practice has one dentist, one dental nurse and two dental hygienists both of whom work part time. The clinical team are supported by a business manager and a clinical care manager. Space Healthcare also provides laser eye surgery and cataract surgery at the same site but at this inspection we inspected the dental care service only. We will inspect the eye surgery service on another occasion.

The director of Space Healthcare Limited 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.

The practice has three dental treatment rooms and a separate decontamination room for the cleaning, sterilising and packing of dental instruments. There is level access from the front entrance and throughout the building which has wide corridors and doorways and a large reception and waiting area. The patient toilet is has a grab rail for patients with physical disabilities and is large enough for anyone who uses a wheelchair.

Summary of findings

The practice is closed on Mondays. It is open from11am to 7.30pm on Tuesdays, from 9am to 5.30 on Thursdays and 9am to 5pm on Fridays. The practice is also open on Saturdays from 9.30pm to 4pm.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could tell us about their experience of the practice. We collected 30 completed cards and looked at 12 patient comments on an independent review website and another 12 on a social media site. All the information we gathered about patients views of the practice were positive. Many had taken time to write detailed comments about their experiences at the practice. They described their appreciation of the standard of care and treatment they received from the dentist and the other members of the practice team. They described them as approachable, attentive, professional and reassuring. Several patients mentioned how the dentists provided careful and detailed explanations about their treatment and most commented on the standard cleanliness at the practice.

Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience.
- The practice had suitable child safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had clear processes for dealing with medical emergencies and for maintaining the equipment used at the practice.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles.
- Patients were able to make routine and emergency appointments when needed.
- The practice used an independent review website and social media to enable patients to give their views about the practice. They planned to introduce additional in-house patient surveys to develop this further.
- Patients were positive about the service provided by the practice. They said this met their needs and that they had full confidence in the practice team.
- The practice had established governance processes to help them manage the service but these needed strengthening in some areas.

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

- Review the practice's safeguarding policy, procedures and staff training to include information about safeguarding adults as well as children.
- Review the practice's infection control procedures and protocols and staff awareness of these giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the current legionella risk assessment giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice on the prevention and control of infections and related guidance'. This should provide assurance that the person completing the assessment has the appropriate experience and competence.
- Review the training, learning and development needs of individual staff members and establish an effective process for staff induction, assessment, supervision and appraisal.
- Review the practice's recruitment arrangements so an effective process which reflects relevant legislation and guidance is in place for future staff appointments.
- Review the practice's audit and quality monitoring arrangements, including those for dental care records and infection prevention and control. Audits should include documented learning points and evidence of improvements made.
- Review the provision of a hearing loop to assist patients who use hearing aids.

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 was committed to providing a safe service and had some systems for managing this. These included policies and procedures for important aspects of health and safety such as infection prevention and control, clinical waste management, dealing with medical emergencies, dental radiography (X-rays) and fire safety. We found that staff had not acted on some aspects of the practice's infection control arrangements although this had not impacted on patient safety. Staff were aware of their responsibilities for safeguarding children and took this seriously but the practice did not have a safeguarding adults policy. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if needed.

Are services effective?

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The information we gathered confirmed that the care and treatment provided reflected published guidance. Staff understood the importance of obtaining informed consent. The dentist was aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

Are services caring?

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

We gathered patients' views from 30 completed cards, 12 patient comments on an independent review website and another 12 on a social media site These provided a consistently positive view of the practice and the approach of the practice team towards patients. Patients described their appreciation of the kind and reassuring manner of the dentist and other staff. They described them as approachable, attentive, understanding and reassuring.

Are services responsive to people's needs?

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

All the feedback we looked at from patients showed high levels of satisfaction with the practice and confirmed that they received a personalised service that met their needs.

The practice premises were fully accessible for patients with physical disabilities. There was level access from the front entrance and throughout the building, wide corridors and doorways and a large reception and waiting area. The patient toilet had grab rails, an alarm call system and sufficient space for patients who used wheelchairs. The practice did not have a hearing loop to assist patients who used hearing aids.

The practice had out of hours arrangements so patients could obtain urgent as well as routine treatment when they needed.

The practice had information for patients but they did not share all of this in a proactive way. The practice had a complaints procedure which was prominently displayed at the practice. The practice had not received any complaints in the three years they had been open.

Summary of findings

Are services well-led?

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

The small practice team worked together well as a team and staff told us they were well supported by the dentist. The practice relied on informal approaches for much of their internal communication and management. Whilst they also had some structured arrangements for managing and monitoring the quality of the service these could be developed. There were relevant policies and processes available to all staff on the practice computer system. The practice had not established a robust system of clinical records audits or infection control audits.

The team also used informal communication each day to discuss and manage performance and learning needs. Including weekly informal staff discussions and periodic structured staff meetings. There was no formal appraisal process for staff.

The practice took the views of patients seriously and used an independent review website and social media to provide ways for people to give them feedback and for two way communication.

Space Healthcare

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 was carried out on 4 August 2016 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the dentist, dental nurse, clinical care manager and business manager. We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 30 patients in comment cards provided by CQC before the inspection. We also looked at 12 patient comments on an independent review website and another 12 on a social media site.

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 did not have a structured significant event policy but did have recording forms for staff to use. The forms were intended to be used for any type of incident and the dentist felt this was clearer for staff than having different forms. The dentist confirmed that they had not had any incidents or accidents at the practice which would have needed to be recorded. They recognised the value of having a policy to assist them in the management of any relevant incidents in the future.

The dentist confirmed that they received and reviewed national alerts about safety issues relating to medicines and medical devises. They also had the website link for the relevant section of the GOV.UK website on the practice computers so they could check this easily. They confirmed they checked which were relevant to them and took action when needed but had not kept a record of this. They said they would keep a record in future to provide an audit trail to show they had reviewed alerts to check which applied to them and, if necessary what action they had taken. The practice also had the link to the national 'yellow card' reporting system readily available to use in the event that they needed to report medicines issues.

The practice had a policy regarding the legal requirement, the Duty of Candour which they had put in place as soon as the requirement came into force. The legislation requires health and care professionals to tell patients the truth when an adverse incident directly affects them. A comprehensive policy and guidance document was available for all staff on the practice computer system and the practice's business manager had completed training in this subject.

Reliable safety systems and processes (including safeguarding)

The practice team were aware of their responsibilities regarding potential concerns about the safety and well-being of children and young people. The practice had up to date child safeguarding policies and procedures based on local and national safeguarding guidelines. The contact details for the relevant safeguarding professionals in Warwickshire were readily available for staff to refer to. The practice did not have an adult safeguarding policy although one of the practice team had completed adult safeguarding training at a higher level than required. The dentist looked up the Warwickshire adult safeguarding arrangements on the internet during the inspection and said they would add this to the practice's safeguarding folder. All the staff had completed child safeguarding training at a level suitable for their role.

We confirmed that the dentist used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. There was an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff had recently completed basic life support training and training in how to use the defibrillator.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. One of the staff was responsible for checking the emergency medicines and equipment to monitor that they were available, in date, and in working order. We saw that the practice had records to monitor that this was being done. These included the batch numbers of each item and their expiry dates. Staff knew where the emergency medicines and equipment were stored.

The practice kept the emergency medicines trolley and equipment in the eye surgery suite waiting area. This was because they considered that it was the most central location for both their dental and eye surgery work. The key was kept with the trolley for ease of access. We considered the location and availability of the key could potentially compromise security. We discussed this with the dentist and advised them to review the arrangements on the basis of a robust risk assessment. Following the inspection they

informed us they had reviewed the arrangements and fitted a break glass container to store the key. This was alarmed to alert staff to any unauthorised interference. They also confirmed that they now kept the trolley in a locked room at night.

The practice had Glucagon available. This is a medicine for patients needing urgent first aid for seriously lowered blood sugar, particularly patients with diabetes. This was stored out of the refrigerator. The practice was not aware they needed to adjust the expiry date accordingly and so the Glucagon was out of date. The practice ordered one immediately and gave us a copy of the order confirmation. They decided they would continue to store out of the refrigerator and would adjust the expiry date to reflect this.

Staff recruitment

The practice did not have a structured recruitment process. Current employees started at the practice when it opened in 2013. We looked at their recruitment records and saw that the dentist had obtained the majority of the required information for these staff at the time. This included Disclosure and Barring Service (DBS) checks. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Some information such as full employment histories and reasons for leaving previous relevant employment was not available for all of them. The dentist confirmed that they had known the backgrounds of these staff although they had not kept written information about this. The dentist told us they would establish a structured recruitment policy and procedures based on relevant legislation so this would be in place before the recruitment of any new staff. The practice had a reference request template and we observed that this did not include a section for referees to sign and date the information they provided.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a range of health and safety related policies risk assessments covering a variety of general and dentistry related health and safety topics. These were stored on the practice computer system and were available for all staff to refer to. The practice also had a business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice.

The practice had a fire risk assessment completed by an external fire safety consultant when the premises were completed in 2013. The dentist had subsequently carried out annual updates with the most recent being in May 2016. We saw the records of the routine weekly checks the staff made in respect of fire safety precautions at the practice. Staff had recently completed a computer based fire safety training refresher and the records showed that the practice had held annual fire drills. The fire equipment in the practice had been checked by a specialist contractor annually with the most recent being in July 2016.

The practice had detailed and well organised information about the control of substances hazardous to health (COSHH) on the computer system.

Infection control

The practice was visibly clean and tidy and patients who mentioned cleanliness in CQC comment cards were positive about this. The practice team shared responsibility for carrying out the cleaning at the practice. There was a written cleaning protocol which set out how often certain areas should be cleaned but no written cleaning schedules as working documents to ensure accountability for this.

The practice had an infection prevention and control (IPC) policy and the dental nurse was the IPC lead for the practice. We found that no IPC audits had been carried and discussed the expectation that these are completed every six month. The practice completed an audit during the inspection using the Infection Prevention Society online template for this.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in the separate decontamination room. Ventilation in this

room was provided by the same air conditioning system used for the eye surgery theatre suite in the building; this provided surgical quality air quality. The separation of clean and dirty areas in here and in the treatment rooms was clear and the decontamination processes followed by staff were thorough. We discussed the process with the dental nurse who understood and clearly explained the process for cleaning, checking, sterilising and storing instruments.

The practice kept records of the expected decontamination processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely.

The practice had an up to date Legionella risk assessment carried out by the dentist who used guidance documents from the Health and Safety Executive to assist them. Legionella is a bacterium which can contaminate water systems in buildings. The dentist had not used an external specialist contractor to carry out the risk assessment because the practice environment was only three years old and had involved a complete refurbishment of the premises. The dentist should however assure themselves that they have the appropriate level of experience and competence to complete this assessment as stated in HTM01-05. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm in the dental waterlines. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines. We found that they were not draining the dental unit water bottles at the end of each day as set out in HTM01-05 and in the practice's own policy. The dentist confirmed they would do so in future.

The practice's arrangements for segregating and storing dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment notices and that the practice stored waste securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was available for staff to refer to and they were aware of what to do. The practice had documented information about the immunisation status of each member of staff. Boxes for the disposal of sharp items were wall mounted but not dated, signed or marked with their location. The practice assured us they normally did this and were concerned they had not done so when the current boxes were put in place.

Equipment and medicines

The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the compressor, X-ray equipment and portable electric appliances.

The only medicines kept for the dental service were the emergency medicines as described above. Temperature sensitive dental materials were stored in a suitable refrigerator.

The dentist recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). These were well maintained and included all of the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. We saw that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building as required. The records showed that the practice had arrangements for maintaining the X-ray equipment.

Are services safe?

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

The practice used a particular type of equipment on its X-ray machines known as a rectangular collimator which reduces the dose of X-rays patients receive. Beam aiming devices were also used to reduce the need for repeat exposures. The X-ray equipment was digital eliminating the need for staff to handle chemicals used to develop traditional X-rays.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. They were recording the percentage of X-rays achieving a diagnostic quality grading of one, two or three and completing audits regarding this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed the assessment of patients' care and treatment needs with the dentist. They confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). We saw evidence that the dentist took a risk based approach to taking X-rays in line with FGDP guidance. They were aware of specific guidance related to taking a needs assessment approach to recall intervals between courses of treatment, the prescribing of antibiotics and lower wisdom tooth removal.

The practice kept suitably detailed records about patients' dental care and treatment. They obtained details of patients' medical history using a questionnaire when a patient first came to the practice. The dentist then asked about any health changes at each appointment. Our discussions with the dentist and information from dental care records confirmed that they completed assessments of patients' oral health including their gum health and checks of soft tissue to monitor for mouth cancer.

The practice website included comprehensive information for patients about a wide range of dental treatment topics to help patients understand more about their own dental care. These included information about the aims of a comprehensive examination as well as about treatments for tooth decay and gum disease. The practice was committed to minimal intervention dentistry and information explaining this approach was also available on the website. Another link on the website took patients to a page where they could download a variety of documents about current dental guidance and research.

Health promotion & prevention

The dentist and dental nurse were aware of and used the Delivering Better Oral Health Tool Kit from the Department of Health. When patients needed advice about oral health, stopping smoking and sensible alcohol consumption the dentist usually asked one of the hygienists to discuss this with patients. A range of dental care products were available for patients to buy. The practice website included extensive information for patients about tooth, gum and tongue health together with advice about nutrition and general dental health.

The practice was in an area with fluoridated water and told us that patients (including children) generally had low levels of tooth decay. They therefore rarely prescribed fluoride toothpaste or topical fluoride applications as they seldom saw patients who were at high risk of tooth decay.

Staffing

We confirmed that clinical staff undertook the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that all clinical staff held current GDC registration. The practice held copies of staff training certificates. These were kept in individual staff folders.

In addition to clinically focused and care related training, staff also completed training in safety related topics. These included health and safety, basic life support and defibrillator training, fire safety, moving and handling, infection control.

So the dental nurse was always available to assist the dentist they usually arranged time off on the same dates. If additional dental nurse cover was needed the practice used an agency to provide one.

The practice did not have a structured induction process for new staff. We discussed this with the dentist who explained that the small team had all started together when the practice opened and had developed all the practice's systems and processes together. They agreed that as new staff joined the practice a formal system would be needed.

Staff had not yet received supervision, personal development plans or annual appraisals. The dentist agreed that these were important and needed to be put in place.

Working with other services

The practice referred patients to NHS dental hospitals or to other private dental practices, if they needed more complex care or treatment that Space Healthcare did not provide. This included oral surgery, conscious sedation, dental implants and advanced gum disease treatment.

The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines.

The dentist monitored referrals to ensure patients received their treatment in a timely way.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We saw evidence that the dentist understood the importance of obtaining and recording patients' consent to treatment. We confirmed that they gave patients the information they needed to make informed decisions about their treatment and saw evidence of written treatment plans. The practice had a policy and guidance regarding informed consent and a range of comprehensive consent forms for specific types of treatment. Staff told us the dentist gave patients a period of time to consider their options before they made firm decisions about how they wanted their treatment to proceed. This was confirmed by feedback from patients.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act (MCA) 2005.The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The whole staff team had completed MCA training and were aware of the relevance of this legislation to the dental team. The practice had a structured format to use if they needed to carry out a capacity assessment. The practice also had written guidance to support decision making where young people under the age of 16 may be able to make their own decisions about care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 30 completed cards, 12 patient comments on an independent review website and another 12 on a social media site. These provided a consistently positive view of the practice and the approach of the practice team towards patients. Patients described their appreciation of the kind and reassuring manner of the dentist and other staff. They described them as approachable, attentive, understanding and reassuring.

The waiting room was situated in the same room as the reception area but the reception desk was well away from the seating for patients. Staff told us that if a patient needed or wanted more privacy to discuss something they would take them into another room. We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it.

The practice had a confidentiality policy and staff had completed training in this topic.

Involvement in decisions about care and treatment

We saw evidence that the practice recorded information about each patient's treatment options, and that they discussed the risks and benefits of these with them. This was supported by comments made by several patients in the CQC comment cards. Several commented on the care the dentist took provide them with clear explanations. Some described having a two way dialogue with the dentist and said they did not feel pressure to proceed with treatment without time to consider this. Initial consultations about patients' treatment and the outcomes they wished to achieve took place in a consultation room which contained no dental equipment. This was to help make patients more relaxed, particularly if they were anxious.

Information from patient feedback confirmed that the dentist explained things in a way they understood. The practice had a small dental laboratory where they could make dental models to help them plan patients' treatment and explain this to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 30 completed cards, 12 patient comments on an independent review website and another 12 on a social media site. All the information we reviewed was positive. Patients were happy with the practice and said the care they received met their needs. Several wrote about the reassuring approach of the practice team. Some told us they were nervous patients but that the approach of the dentist and other members of the team had reduced their anxiety. Staff told us that the aim of the practice was to provide an individual service which made patients feel that they had a pleasant experience at the practice. The patient views we read reflected that this was what happened in practice.

We looked at the appointment booking system with a member of staff. This confirmed that the length of each appointment was tailored to patients' treatments. We heard that the practice booked longer appointments for patients with specific support needs. The dentist worked in accordance with national guidance from NICE when assessing patients' treatment needs.

Information was available for patients in a practice information leaflet and various supplementary leaflets. These included information about the charges for treatment and a practice membership plan available to patients to spread the cost of their treatment. The practice had additional leaflets aimed at patients on its computer system. We noted that the practice was not making full use of their website to provide patients with information they might find useful such as opening times, charges and details of how the practice safeguards their personal information.

Tackling inequity and promoting equality

The practice had a disability discrimination policy and an equality and diversity policy available for staff. Staff had completed equality and diversity training. Staff told us that they had very few patients who were not able to converse confidently in English. In this situation they had details for two interpreting and translation service available in reception. The dentist explained that the interpreting services also provided signing interpreters. The practice did not have an induction hearing loop to assist patients who used hearing aids.

The practice premises were fully accessible for patients with physical disabilities. There was level access from the front entrance and throughout the building, wide corridors, and doorways and a large reception and waiting area. The patient toilet had grab rails, an alarm call system and sufficient space for patients who used wheelchairs.

Access to the service

The practice was closed on Mondays. It was open from11am to 7.30pm on Tuesdays, from 9am to 5.30 on Thursdays and 9am to 5pm on Fridays. The practice was also open on Saturdays from 9.30pm to 4pm. Information from patients confirmed they were able to make appointments easily. The length of appointments meant patients were seen on time because it was unusual for an appointment to overrun.

The practice provided an out of hours phone number on its telephone answering system. This was a mobile telephone number for the dentist. The practice also co-operated in an on-call rota with other local private dental practices. Staff told us that the dentist preferred to maintain continuity and saw Space Healthcare patients himself whenever possible. Staff told us patients with pain or other urgent dental needs would be seen the same day although they might need to wait to be seen.

Concerns & complaints

The practice had a complaints policy and procedure and a copy of this was displayed on a large poster in reception. The procedure explained who patients should contact about concerns and how the practice would deal with their complaint. It also contained contact details for the General Dental Council and the Dental Complaints Service, national organisations that patients could raise their concerns with

The practice told us that they had not received any complaints in the three years they had been open.

Are services well-led?

Our findings

Governance arrangements

The dentist who was also the registered manager held the responsibility for the day to day management of the practice and for clinical leadership. Some responsibilities were delegated to other members of the team. There was a statement setting out the practice's aims and objectives for clinical governance and how these would ensure patients received good quality care. We identified some areas where additional input and oversight could benefit the effectiveness of the governance arrangements. The dentist acknowledged that there may be benefits in delegating some non-clinical duties to the business and clinical care managers.

The practice had a range of policies, procedures and risk assessments to support the management of the service. We saw that that these had been reviewed and updated as needed and were version controlled to make sure the latest version was in current use. The policies reflected relevant national guidance from organisations including the General Dental Council (GDC), the Office of the Public Guardian and the British Dental Association (BDA).

Staff completed training in respect of information governance and confidentiality to help ensure patient information was treated correctly. There was an information leaflet for patients about how the practice safeguarded their privacy and personal information but this was not proactively shared with patients.

Leadership, openness and transparency

The staff team had all started at the practice together when it opened in 2013 and we saw that they worked well together as a team. Staff told us they enjoyed working at the practice and were positive about the support the dentist provided. The practice had a policy regarding the Duty of Candour and the dentist had an open and responsive attitude towards improvement. The practice had a bullying and harassment policy and a whistleblowing procedure for staff to use if they identified concerns at the practice. This included information about external contacts if they felt unable to report these internally.

Management lead through learning and improvement

The dentist gained a Fellowship from the Faculty of General Dental Practice (FGDC) in 2004. He was committed to providing a high quality service and as a lecturer and examiner at Birmingham University was well placed to have up to date knowledge regarding current best practice and research in dentistry.

The practice did not have a structured plan to audit quality and safety. The practice had carried out audits regarding radiography but not in respect of clinical record keeping or infection prevention and control (IPC). They completed an IPC audit during the inspection. The dentist was aware of the necessity to audit clinical records and had identified this as an area for improvement when preparing for the inspection.

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

The practice took the views of patients seriously and used an independent review website and social media to provide ways for people to give them feedback and for two way communication. We saw feedback from 24 patients who had left comments using one or other of these in the three years since the practice opened. All of the comments were positive and there were no suggestions for how the practice could improve. The practice told us they were planning to pilot an in house survey to give them chance to tailor the information they could gather. This was likely to involve using a tablet computer so patients could fill it in at the practice.

The dentist and other staff told us that because they were a small team they were able to communicate every day as necessary. They said they also held weekly informal discussions but that notes were not made of these. Staff explained that they held periodic staff meetings which were more structured with written notes made. We were unable to see these because they had been lost when the practice changed its computer filing system.