The Parks Dental Partnership

Park Road North Dental Practice

Inspection Report

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Birkenhead
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Overall summary

We carried out an announced comprehensive inspection on 5 September 2016 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Park Road North Dental Practice is located in a residential suburb of Birkenhead and comprises a reception and waiting room and two treatment rooms on the ground floor, and three treatment rooms on the first floor. 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 privately funded basis. The opening times are Monday to Thursday 8.30am to 5.30pm and Friday 8.00am to 4.00pm. The practice is staffed by two principal dentists, two practice managers, five associate dentists, a dental therapist, nine dental nurses, of whom two are trainees. The dental nurses have joint nursing / reception roles. The practice also supports two recently qualified dentists in their next stage of training.

One of the partners 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 43 people during the inspection about the services provided. Patients commented that they found all aspects of the practice excellent, and that staff were professional, attentive, friendly, and caring. They said that they were always given good and helpful explanations about dental treatment, and that the clinicians listened carefully to their needs. Patients commented that the practice was clean and comfortable. Several patients commented that the staff act above and beyond the call of duty.

Our key findings were:

- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean, secure and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and the local community. Staff made to adjustments to enable all patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.
- Staff followed current infection control guidelines for decontaminating and sterilising instruments but some of the recommended testing was not being carried out on the cleaning and sterilising equipment.

We identified the practice did the following which had a positive impact on patient experience and health outcomes.

- The practice demonstrated a long-standing commitment to improving access to dental care and improving oral health for people living in vulnerable circumstances and had set up an outreach service. Dentists from the practice visited local hostels and rehabilitation centres and carried out oral hygiene instruction, screening, and treatments to reduce decay for the residents. Residents were signposted to the provider's practice for regular dental treatment and residents in dental pain were offered an appointment at the practice within 24 hours.
- There was a practice team approach to improving the oral health of the local population. The provider identified that the decay rate in the local population is high and this increased the risk of poor oral health for some people. The provider planned a number of initiatives targeting children, to promote good oral health outcomes from an early stage. Staff from the practice visited nurseries and pre-schools to provide oral hygiene instruction and diet advice to children and arranged fun days in the adjacent park in school holidays.

We believe this to be notable practice worth sharing as it demonstrates involvement with the local community and other organisations in planning services and making sure people's needs are met.

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

- Review the security of prescription pads in the practice.
- Review the practice's infection control procedures and protocols having 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

Summary of findings

control of infections and related guidance, specifically in relation to the recommended testing of the cleaning and sterilising equipment and the security of the decontamination room.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, the management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

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

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

The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

The premises were secure and well maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on the effective decontamination of dental instruments which staff were following. Staff had received training in infection prevention and control.

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

We found the equipment used in the practice, including medical emergency and radiography equipment, was maintained and tested at regular intervals, however some of the recommended tests on the cleaning and sterilising equipment were not carried out. The provider assured us this would be addressed immediately and forwarded evidence that this had been done following the inspection.

Are services effective?

No action

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

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

Staff provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Summary of findings

Staff from the practice also visited nurseries and pre-schools to provide oral hygiene instruction and diet advice to children and arranged fun days in the adjacent park in school holidays to promote good oral health outcomes from an early stage.

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received training appropriate to their roles.

The practice had a strong focus on training and learning and the provider made opportunities available to staff for training and further study on a regular basis.

Are services caring?

No action

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

Patients commented that staff were caring and friendly. They told us they were treated with the utmost respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

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

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

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and in the practice leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the clinicians 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. Staff had access to interpreter services where patients required these.

The provider demonstrated a commitment to improving access to dental care and improving oral health for people living in vulnerable circumstances and had set up an dental outreach service for residents at local hostels and rehabilitation centres.

Summary of findings

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

Are services well-led?

No action 

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

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

The practice had a management structure in place, and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

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

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

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

The practice held regular staff meetings, and these were used to share information to improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues. Staff employed at the practice had differing levels of experience which ensured a good exchange of information and ideas between the team. Staff were encouraged and supported to participate in the practice initiatives.

Park Road North 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 5 September 2016 and was led by a CQC Inspector with remote access to a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the managers, dentists, a dental therapist and dental nurses. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had procedures in place to report, record, analyse, and learn from significant events and incidents. Staff described examples of significant events which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

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

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

Reliable safety systems and processes (including safeguarding)

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

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

The provider had a policy for safeguarding children and vulnerable adults. Staff demonstrated a good understanding of the policy. Two of the staff had lead roles in safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in treatment rooms. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. We noted that the two principal dentists and both practice managers were trained to a higher level in safeguarding. We saw that the practice had robust follow-up arrangements in place should children and vulnerable adults fail to attend their dental appointments.

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

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care 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 dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out. Records were stored securely.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we checked whether the dentists used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentists told us that a dental dam was routinely used in root canal treatments. This was documented in the dental care records we reviewed.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and resuscitation as a team and this was updated annually. Staff participated in medical emergency simulations every two months in addition to the formal training. Staff described to us how they would respond to a variety of medical emergencies. One of the staff was also trained in the provision of first aid.

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

dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records to show that the medicines and equipment were checked regularly.

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

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental therapists and dental nurses, to deliver care in the best possible way for patients.

Two of the dental nurses had qualifications in fluoride application and radiography. The principal dentists told us that a significant number of patients had a level of high decay and required regular fluoride treatments which these nurses were able to assist with.

The provider had a recruitment policy and recruitment procedures in place which reflected the requirements of current legislation. The practice maintained recruitment records for each member of staff and these were stored securely to prevent unauthorised access. We reviewed the staff record for the newest member of staff and saw all the required information was present. We also reviewed a number of staff records for longer term staff and saw these contained, where appropriate, evidence of, qualifications, registration with their professional body, the General Dental Council, indemnity, and evidence that Disclosure and Barring checks had been carried out.

The practice had a comprehensive induction programme in place. The most recently recruited members of staff confirmed an induction had taken place and described what was included in it.

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

Monitoring health and safety and responding to risks

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

The provider had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed and readily available to staff.

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

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. The provider had not implemented a safer sharps system to dispose of used needles but had risk assessed this. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the 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.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Are services safe?

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

One of the practice managers had the lead role for infection prevention and control.

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

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). The practice had a dedicated decontamination room the door of which was kept closed but no further measures were in place to prevent unauthorised access. The provider assured us this would be addressed immediately and forwarded evidence that this had been done following the inspection.

The decontamination room and treatment rooms had clearly defined 'dirty' and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. We noted that the practice was meeting some of the best practice recommendations of HTM 01-05.

We observed that instruments were stored in the clean zone of the decontamination room in accordance with HTM 01-05 best practice recommendations. We looked at the packaged instruments and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and the decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records for these checks and tests. The provider was not carrying out the HTM 01-05 recommended weekly protein test to verify the effectiveness of the washer-disinfector or ultrasonic instrument cleaner, and the recommended daily steam penetration test was not being carried out on one of the sterilisers. The provider assured us this would be addressed immediately and forwarded evidence that these tests were now being carried.

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

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment every three years. Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures which assisted in monitoring the risk from Legionella. Staff described to us the procedures for the daily cleaning and disinfecting of the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed on a daily, weekly, and monthly basis. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. 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; however cleaning equipment, specifically floor mops, was not stored appropriately.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the

Are services safe?

Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

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

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

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

We saw that the practice was storing NHS blank prescription pad stock securely in accordance with current guidance, but the prescription pads currently in use were not stored securely. The provider assured us this would be addressed immediately and forwarded evidence that this had been done following the inspection.The provider operated a system for checking deliveries of blank NHS prescription pads. We saw that records were maintained of the serial numbers for prescriptions issued and void. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

We saw evidence which demonstrated the provider was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

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

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X- ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified, reported on, and quality assured. We saw evidence of regular auditing of the quality of the X-ray images.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options, and treatment plans were informative.

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

The practice had received a 'Young People Friendly' award. Staff had produced an information pack containing advice on oral and general health specifically relating to young people. The pack also contained details of advice and support organisations for young people facing social or health problems. The pack was available in the waiting room.

The provider explained that the decay rate in the local population was high so staff from the practice also visited nurseries and pre-schools to promote good oral health to children and arranged fun days in the adjacent park in school holidays to improve oral health outcomes.

Health promotion and prevention

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

A smoking cessation service was available at the provider's other practice. The practice included details of this service as part of their text appointment reminder service.

Staffing

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

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

The provider carried out staff appraisals regularly for all staff. We noted the appraisals were a two way process with actions identified in them. Staff confirmed appraisals were used to identify training needs.

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

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as

Are services effective?

(for example, treatment is effective)

medical emergencies and resuscitation, safeguarding, infection prevention and control, and radiology. The provider used a variety of training methods to deliver training to staff, for example, lunch and learn sessions, external courses, and online learning. The practice had a training plan in place which outlined details of training for staff. This included the mandatory General Dental Council core topics, health and safety, and a variety of generic and role specific topics. Checks to ensure dental professionals were up to date with their CPD were carried out by the practice. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

The practice had a strong focus on training and learning. Several staff discussed their learning goals with us and said that the provider supported them in achieving these. The provider regularly made available to the staff opportunities for career development and further qualifications. Staff were given the opportunity to apply, for example, recently an opportunity had arisen to study for a qualification in Advanced Oral Health Sciences, which one of the dental nurses was now undertaking.

The practice managers both had qualifications in dental practice management.

The practice also supported recently qualified dental therapists and dentists as part of the Foundation Scheme. (The Foundation scheme introduces new graduates to general dental practice and provides a protected environment to work in for a year whilst they undertake training to prepare for working in the NHS. The scheme is currently voluntary for dental therapists and mandatory for dentists). Both principal dentists had qualifications in clinical teaching and supervised their training. One of the principal dentists was also trained in mentorship.

One of the dental nurses was trained in supporting other local practices with learning about people living with dementia.

Working with other services

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

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

Consent to care and treatment

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

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

All the staff we spoke to had an excellent understanding of consent and the provider had procedures in place to guide staff in circumstances where obtaining consent was unlikely to be straightforward.

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

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

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

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. The clinicians we spoke to had an excellent understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and the utmost 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, were sensitive to, and responded well to their individual needs.

Staff were aware of patients' personal and social circumstances and were proactive about ensuring patients were able to discuss their needs privately.

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 was well maintained and provided a spacious and comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments.

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

We saw that the provider gathered the views of patients when planning and delivering the service via regular comprehensive patient surveys and feedback, for example, the provider had sought patient views about the practice opening hours.. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice.

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

- Based on 92 responses, 90.2% of patients surveyed were satisfied with the dentistry they had received at the practice compared with 93.8% for England overall
- Based on 92 responses, 90.2% of patients surveyed were satisfied with the time they had to wait for an appointment 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

We found that the provider had taken into account the needs of different people including those in vulnerable circumstances.

The provider had reviewed the needs of the local population and found a well-evidenced need for a dental outreach service. One of the principal dentists explained they had wanted to connect with people who were hard to reach and with those for whom accessing dental care can be difficult. The provider had therefore approached local hostels and rehabilitation centres and had set up an outreach service, which had been running for seven years, with the aims of improving health outcomes for these patients and improving access to dental care for people in vulnerable circumstances. The provider also involved the Foundation dentists in providing this service.

The dentists visited the centres weekly. The dentists explained that many of the residents at the centres were anxious of dental treatment and had high treatment needs, so during the outreach visits the emphasis was on oral hygiene instruction, screening of dental health and building their confidence. Oral care products and access to high fluoride treatments were made available to them. Residents were signposted to the provider's practice for regular dental treatment. Residents in pain were identified and appointments offered at the practice no later than the next day. Many patients now regularly attended the practice for dental care and the dentists told us they had seen significant improvements in their oral health.

Relationships had developed with staff at the centres and staff were able to refer residents to the practice.

The provider had carried out a Disability Discrimination Act audit, and had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Parking was available outside the premises.The provider had installed a ramp at the front entrance to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and two treatment rooms, were situated on the ground floor. 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, and to wheelchair users.

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed at the entrance to the practice and provided in the practice leaflet. Emergency appointments were available daily and patients confirmed in CQC comment cards that they were always seen quickly in an emergency.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room.. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included for complaints about NHS treatment, but not for complaints about private treatment. We saw that complaints were promptly and thoroughly investigated and responded to.

Are services well-led?

Our findings

Governance arrangements

The practice was managed by the two principal dentists and two practice managers, and some staff had lead roles. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities.

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found 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 measures in place to mitigate risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered, and used a variety of means to monitor quality and performance and improve the service, for example, the analysis of patient feedback, carrying out a wide range of audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. We saw evidence that these arrangements were working well.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked filing cabinets. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

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

The provider had considered the experience mix of the staff and the service was delivered by a experienced staff, recently qualified staff and trainees. This ensured a good exchange of information and ideas between the team. Staff were encouraged and supported to participate in the practice initiatives.

The practice held staff meetings every two months. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. The provider also held management meetings and clinician meetings.

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

The practice displayed a summary of the results from the NHS Friends and Family Test every month in reception to inform patients.

Learning and improvement

The provider made extensive use of auditing as a means to continuously improve the service. We saw that the audit process was functioning well. Audits we reviewed included staff knowledge of medical emergencies, referrals by the dentists to the therapist, X-rays, antibiotic prescribing and infection prevention and control. All the audits had clearly identified action plans, and we saw that these had been carried out. Re-auditing was used to measure improvement and improvements were clearly demonstrated.

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys, the NHS Friends and Family Test, NHS Choices and the NHS reports on dentists' performance, and used this to evaluate and improve the service.

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

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service

Are services well-led?

delivery, and carried out regular structured patient surveys. A suggestion box for patient comments was also available in the waiting room. We saw that patient feedback was acted on, for example, patients had requested appointment availability earlier in the day and the practice opening hours had been extended in response. The provider made NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

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