

Whitehills Dental Clinic Limited

Whitehills Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 05 July 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 after immediate action was taken as a result of this inspection. Detailed feedback was given to the practice during and following the inspection and a comprehensive action plan was developed and acted upon within a short timescale to address the concerns.

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 after immediate action was taken as a result of this inspection. Detailed feedback was given to the practice during and following the inspection and a comprehensive action plan was developed and acted upon within a short timescale to address the concerns.

Background

Whitehills dental clinic is situated in Hull, Humberside and offers private dental treatments including endodontics, cosmetic dental treatment, orthodontics and preventative advice.

The practice has two surgeries, a decontamination room, a waiting area, a reception area and patient toilets. All facilities are located on the ground floor of the premises.

There is a company director, one associate dentist, three dental nurses (two of which are trainees) and a practice manager.

The opening hours are:

Monday 09:00 – 17:00

Tuesday 10:00 – 19:00

Wednesday Closed

Thursday 10:00 – 18:00

Friday 09:00 – 19:00

Summary of findings

Saturday 09:00 – 15:00

The company director 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.

During the inspection we received feedback from 11 patients. The patients were positive about the care and treatment they received at the practice and they told us they were involved in all aspects of their care and found the staff to be professional, courteous, welcoming and helped you relax, they provide a high standard of care and were always treated with dignity and respect.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.

- The practice sought feedback from staff and patients about the services through social media.
- Patients were treated with dignity and respect.
- Staff had received safeguarding training; however they knew how to recognise signs of abuse but not how or who to report it to.
- Governance arrangements were in place for the smooth running of the practice. The policies and procedures were localised to the practice or updated in line with current legislation and guidance.
- The practice had a structured plan in place to audit quality and safety of services provided.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 after immediate action was taken as a result of this inspection. Detailed feedback was given to the practice during and following the inspection and a comprehensive action plan was developed and acted upon within a short timescale to address the concerns.

The practice had implemented effective systems and processes in place to ensure all care and treatment was carried out safely. There were new systems in place for infection prevention and control, clinical waste control and management of medical emergencies, for example the policy for infection prevention and control was now practice specific and was referring to relevant guidelines.

Not all of the emergency equipment and medicines were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the oropharyngeal airways, needles and syringes were out of date and no spacer device or portable suction was available. Evidence was seen during the inspection to show the equipment had been ordered. The practice ordered an AED device as this was not available on the day of the inspection.

On the day of the inspection we found a dentist did not have any medical indemnity insurance and two qualified dental nurses also did not have insurance provision. This was actioned immediately and evidence was seen by the inspector.

We saw that all members of staff had now completed basic life support training recently to a standard expected in dental practice.

Five members of staff including the lead had not received training within the last three years in safeguarding adults or children. All training had now been received and certification was seen by the inspector.

The practice had undertaken a Legionella risk assessment in August 2016, water testing was due to be implemented from the advice and action plan provided through the assessment.

No action



Are services effective?

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

Consultations were not always carried out in line with current practice guidance from the National Institute for Health and Care Excellence (NICE). Patients were recalled after an agreed interval for an examination, during which their medical histories and examinations were updated but risk factors were not always recorded or reviewed. These recalls were not in line with current NICE guidance.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

No action



Summary of findings

Patients dental care records provided some information about their current dental needs and past treatment. The dental care records we looked at did not always include discussions about treatment options and relevant X-rays. The records we checked did not include a grade, a justification for taking the X-ray or a report. Consent was not always recorded and rationale of treatments were not always in place.

Are services caring?

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

Staff explained that enough time was allocated to ensure the treatment and care provided was fully explained to patients in a way which they understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

During the inspection we received feedback from 11 patients. The patients were very positive about the care and treatment they received at the practice. Comments included statements reporting they were involved in all aspects of their care and found the staff to be polite, helpful, caring, and professional and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

No action



Are services responsive to people's needs?

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

The practice was fully accessible to all patients and reasonable adjustments had been made to the practice where possible. The practice had step free access at the front of the building for wheelchair users and pushchairs.

The practice could not provide an efficient appointment system to respond to patients' needs as a dentist was not always on the premises. Any patients requesting an emergency appointment would be seen as soon as possible or signposted to the local NHS emergency dental care practice. The practice had implemented clear instructions for patients requiring urgent care when the practice was closed.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

No action



Are services well-led?

We found that this practice was providing well led care in accordance with the relevant regulations after immediate action was taken as a result of this inspection. Detailed feedback was given to the practice during and following the inspection and a comprehensive action plan was developed and acted upon within a short timescale to address the concerns.

No action



Summary of findings

Staff reported the registered provider and practice manager were approachable; they were able to raise issues or concerns at any time and felt supported in their roles. The culture within the practice was seen by staff as open and transparent.

The practice sought feedback from patients through social media in order to improve the quality of the service provided. The practice had not completed a patient satisfaction survey within the last 12 months.

We found the practice policies and procedures were updated and referring to relevant guidelines, these were now practice specific including the infection prevention and control.

The practice had not undertaken some audits to monitor their performance and help improve the services offered. No X-ray audit or infection prevention and control audit had been completed. Evidence of these audits had now been completed and evidence of this was seen by the inspector.

We found staff training was available but this was not always used fully and the courses did not show the learning outcomes, the date or amount of time spent completing the course. All members of staff had now completed their CPD and had evidence to show this.

Whitehills Dental Clinic

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 was carried out on 5 July 2016 and was led by a CQC Inspector and a specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered manager, two dental nurses and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 11 CQC comment cards that had been completed.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months.

The registered provider and practice manager told us they did not have a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The practice manager registered with the MHRA service and evidence was seen on the day of the inspection to support this.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding and evidence was provided after the inspection to show this had been addressed. The staff and registered manager demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The staff told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the

rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or the practice manager.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and two members of staff had not received training in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were generally in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We saw that some items were out of date including the oropharyngeal airways, the needles and syringes and there was no spacer device or portable suction. The practice did not hold an AED and the practice did not have a risk assessment in place to show they had reviewed this. An AED was ordered and evidence of this was seen by the inspector.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs were checked weekly. This should help ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy in place, the policy included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The process had not been followed when employing the newest members of staff as the DBS check and indemnity was missing. All employment checks were now in place and evidence of this was seen by the inspector.

Are services safe?

We saw no staff members had been checked by the Disclosure and Barring Service (DBS). The DBS checks 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. This was brought to the attention of the registered manager on the day of the inspection and evidence was sent to show they had started the process for all staff.

The recruitment files we reviewed showed five clinical staff had not received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff however no evidence was available on the day of the inspection to show a more in depth screen process had occurred. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK). This was addressed by the registered manager and followed up accordingly.

We saw that not all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). One dentist and two of the dental nurses had no provision for indemnity which is now a requirement for their continuation of registration with the GDC, this was addressed immediately by the registered provider and evidence was seen by the inspector. Was found the practice did hold employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

There was evidence the practice had undertaken risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. There were no dates on the policy to show when the policy had been implemented and reviewed.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had not been a fire risk assessment completed for the premises, this had now been addressed and a risk assessment with action was seen by the inspector. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. This policy was not practice specific and was also referring to outdated guidelines. The practice followed some of the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

There was one sink with two separate bowls for decontamination work in the decontamination room. All clinical staff was aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the procedures. For example, instruments were manually

Are services safe?

cleaned, where necessary and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were not always correctly packaged, sealed, stored or dated. We found instruments not bagged in the surgeries and no logs to show when they had last been processed. We also saw instruments that had gone past the date for re-processing within the surgeries. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. All staff had now received training in infection prevention and control and evidence of this was seen by the inspector.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards.

There were hand washing facilities in the treatment rooms and the decontamination room. Staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

The practice had never carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This had now been addressed and an audit had been completed and actions addressed.

Records showed the practice had not completed a Legionella risk assessment, a new risk assessment was completed in August 2016 and evidence of this was seen by the inspector. The practice undertook a processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water and dip slide testing had

been completed and a log was kept of the results. Staff had not received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw evidence the Portable Appliance Testing (PAT) had been completed in August 2016 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been checked in April 2016 to ensure that they were suitable for use if required. The equipment had been replaced when the practice moved location.

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressors. We saw evidence of installation written schedules for the autoclave and the X-ray equipment.

Only local anaesthetics were stored within the practice and this was stored appropriately, a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in the surgery. The local rules were not available on the day of the inspection however a copy was sent to the inspector the day after the inspection. The X-ray equipment was installed in 2015 and evidence was sent to the inspector to show the equipment had been fitted and examined appropriately as this was not available in the practice radiation folder.

We reviewed the practice's radiation protection file and asked the registered manager about their procedures. The registered manager was not aware who their appointed radiation protection advisor was and they had not registered their X-ray equipment with the Health and Safety Executive (HSE). This was rectified the day after the inspection and evidence was sent to support this to the inspector.

We saw the registered manager was not up to date with their continuing professional development training in respect of dental radiography. The associate dentists radiography training was also out of date and no evidence any other member of staff had completed radiography training was available. The registered manager was a

Are services safe?

dental hygiene therapist and was taking X-rays without a prescription from a dentist. We discussed their scope of practice and were assured they would cease to take X-rays until they had completed the required training. All training had been completed and evidence of this was seen by the inspector.

The practice manager told us they did not undertake annual quality audits of the X-rays taken in accordance with

the National Radiological Protection Board (NRPB). This was due to minimal X-rays being taken on the premises. A X-ray audit had now been completed and evidence of this was sent to the inspector.

X-rays were not always justified, graded or reported on. No evidence of findings on the X-ray was in place or recorded within the patient care records we viewed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept electronic dental care records. They used guidance from the Faculty of General Dental Practice (FGDP) to help them make decisions about whether the practice records and record keeping were meeting best practice guidelines.

The dental care records we viewed did not contain detailed information about the patient's current dental needs and past treatment. The dentists and dental hygiene therapist recorded the medical history information within the patients' dental care records. At all subsequent appointments patients were asked to review and update a medical history form. This ensured the dentists and dental hygiene therapist were aware of the patient's present medical condition before offering or undertaking any treatment. Oral health was monitored and recorded in the patients dental care records. Soft tissue examinations, a diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used to indicate the level of treatment need in relation to a patient's gums, had been recorded.

We saw no evidence of a discussion of treatment options or the risks and benefits with the patient. The registered manager told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were not recorded.

The practice was not in line with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists were not applying the guidance from the FGDP on X-ray frequency. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was not recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice, such as conscious sedation or orthodontics, were referred to other dental specialists.

Health promotion & prevention

The reception and waiting area contained a range of information that explained the services offered at the practice and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The staff told us they offered patients oral health advice and provided treatment and they were aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Patients were asked to complete a smile questionnaire before their consultation and were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were provided with advice about snacking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were prescribed high fluoride toothpastes to help reduce the decay process and evidence of this was seen within dental care records.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of completed induction checklists in the recruitment files. The registered manager or practice manager had an informal conversation with staff members that familiarised them with how the dentists and dental hygiene therapist worked and how the decontamination equipment was used.

Staff told us they had access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We found staff training was available but this was not always used fully and the courses did not show the learning outcomes, the date or amount of time spent completing the course. Five members of staff had not received any safeguarding training for vulnerable adults and children, the same five members of staff had no evidence of Infection prevention and control training within their current CPD cycle. The dentists and the hygiene and therapist were not in date for their radiography training

Are services effective?

(for example, treatment is effective)

which is a legal requirement and all the nursing staff had not completed any core CPD radiography training. This had now been rectified and all staff had completed relevant training.

Staff told us they had annual appraisals and training requirements were discussed at these. Staff also felt they could approach the registered manager at any time to discuss continuing training and development as the need arose and were always supported to enhance their skills.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept

in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a process for urgent referrals for suspected malignancies and worked closely with a variety of locations to ensure this suited the patient's needs.

Consent to care and treatment

We were told that patients were given appropriate information to support them to make decisions about the treatment they received although we saw no evidence in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Staff ensured us that a treatment plan was always signed by the patient.

Staff were not fully aware of how to ensure patients had sufficient information and the mental capacity to give informed consent. They did have a basic understanding of the principles of the Mental Capacity Act (MCA) 2005. Training had now been completed to address this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at comment cards left for us and spoke with patients; they told they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

Magazines, a television and a drinks menu was available in the waiting room to help relax patients before their appointments. Relaxing music was played throughout the

practice for patients. Heated neck wraps were available to help relax patients, hot towels were available to refresh patients after treatments and aloe Vera lip balms were provided to soothe lips during treatments.

Social media sites were used to promote patient testimonials and feedback. An online service was in place until 21:00 each evening to answer any questions from patients.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Each surgery had a patient information screen to help reinforce treatment options with the use of pictures or X-rays. All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs although a dentist was not always on the premises. Any patients requesting an emergency appointment would be seen as soon as possible within the practice or signposted to the local NHS emergency dental care service. The practice did not have clear instructions for patients requiring urgent care when the practice was closed.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. They felt all the dentists and dental hygiene therapist took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate all patients. Wheelchair users had access through the front door and both of the surgeries were located on the ground floor and were large enough to accommodate a wheelchair or pushchair.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to translation services for those whose first language was not English, information leaflets could be translated or enlarged if required. The practice had Polish, Lithuanian and Russian speaking staff to help provide care for the local community. Medical history forms were available in different languages.

Access to the service

The practice displayed its opening hours in the premises and on the practice website.

The opening hours were:

Monday 09:00 – 17:00

Tuesday 10:00 – 19:00

Wednesday Closed

Thursday 10:00 – 18:00

Friday 09:00 – 19:00

Saturday 09:00 – 15:00

The patients told us they were rarely kept waiting for their appointment. The practice had a system in place for patients requiring urgent dental care when the practice was closed. All patients were signposted to the local NHS emergency dental care service.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised all formal and informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the General Dental Council's guidance.

The practice had received no complaints in the last year; we saw historical evidence complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint and providing a formal response. The complaints procedure was not displayed in the waiting room with contact information about external agencies included. This was brought to the attention of the registered manager.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice.

The practice had governance arrangements in place including policies and procedures for monitoring and improving the services provided for patients. Most of the practice policies had no date to show when they had been implemented or reviewed, they were not practice specific and some referred to out dated guidelines including the infection prevention and control and the health and safety policy.

Staff were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

The registered manager was not aware of their responsibility for duty of candour and was not aware of what it was.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held fortnightly staff meetings involving all staff members. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the registered manager and the practice manager were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

Quality assurance processes were not used at the practice to encourage continuous improvement. The practice did not audit areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as X-rays and infection prevention and control. This was now in place and evidence of audits were sent to the inspector to review. The X0ray audit was meeting the NRPB guidelines and all action plans and learning outcomes were now in place.

All staff had six monthly appraisals at which learning needs, general wellbeing and aspirations were discussed.

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

The practice collated feedback from social media forums but we did not find the practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys.