The Tooth Booth Group Limited

Tooth Booth Chesham

Inspection Report

Chess Medical Centre
260-290 Berkhampstead Road
Chesham
Buckinghamshire
HP5 3EZ
Tel:01494 776550
Website:www.toothbooth.co.uk/chesham

Date of inspection visit: 23 July 2015
Date of publication: 17/09/2015

Overall summary

We carried out an announced comprehensive inspection on 23 July 2015 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.

Tooth Booth Chesham offers NHS and private dental care services to patients of all ages. The practice offers mainly (approximately 90%) NHS dental care services to patients. The services provided include preventative advice and treatment and routine restorative dental care.

Tooth Booth Chesham Dental Practice is part of The Tooth Booth Group which manages eight dental practices across the South East of England.

The dental practice is based within a local medical centre and all dental services are located on the first floor.

The practice has three dentists, some are part time; they are supported by three dental nurses, receptionists and a practice manager. One of these dental nurses works at several different practices within the group and is known as the float nurse

The practice is open from 8:30am to 8pm Monday, Tuesday and Thursday and 8:30am to 5:30pm on Wednesday and Friday. The practice is open on Saturday from 8:30am to 1pm.

The Tooth Booth Group is owned by two people, also known as practice principals, one of those 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

Summary of findings

'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.

We spoke with two patients who used the service on the day of inspection and reviewed 20 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service. They commented that staff were caring, helpful and respectful, treatment was well explained, the practice was clean and that they had no problems getting appointments.

Our key findings were:

- Patients who completed comment cards told us they were treated with care and staff were professional and friendly. We observed positive interaction between staff and patients during the inspection.
- Patients were able to access both routine and emergency appointments and there were clear instructions on how to access out of hours emergency dental treatment.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients told us through comment cards they were treated with kindness, professionalism and respect by friendly and caring staff who listened to them.
- Staff were supported in receiving training appropriate to their role and to keep up to date with developments and best practice in dental care.
- Care and treatment was based on thorough examinations and patients told us they understood their care and treatment and received treatment plans upon which to base their decisions to proceed with or decline treatment.

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.

There were effective systems in place in the areas of infection control, clinical waste control, management of medical emergencies and dental radiography. We also found the equipment used in the dental practice was well maintained and in safe working order.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole practice.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

The practice had established systems in place to assess, identify and mitigate risks to the health, safety of patients, staff and visitors or the Control of Substances Hazardous to Health (COSHH).

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients were given sufficient information ensuring they understood decisions about their dental care and treatment. Advice, and appropriate treatment, was given to support patients maintaining their oral health.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Patients told us they had very positive experiences of dental care provided at the practice and felt they were treated with respect. Patients felt involved and there was discussion about their treatment options.

Arrangements were made to support patients who were nervous and longer appointments were available. Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.

Summary of findings

Staff displayed kindness, friendliness and a genuine empathy for the patients they cared for. Staff spoke with passion about their work and told us they enjoyed what they did.

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 accessible to patients with mobility difficulties and a range of appointment times were available. Patients confirmed that they were able to access urgent appointments when in dental pain and the practice provided information on how to access emergency dental treatment when the practice was closed.

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

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

Staff received induction training and were given opportunities to maintain their professional development.

Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Overall we found the practice had effective clinical governance and risk management structures in place. The practice regularly sought feedback from patients in order to improve the quality of service provided.

Tooth Booth Chesham

Detailed findings

Background to this inspection

The inspection of Tooth Booth Chesham Dental Practice, took place on 23 July 2015 and was a comprehensive inspection. The inspection was led by a CQC inspector who was accompanied by a specialist Dental Nurse Advisor.

We contacted NHS England area team and Healthwatch Buckinghamshire regarding our inspection of the practice. We did not receive any information of concern from them.

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

During our inspection we looked at the practice premises to see whether they were accessible to patients and kept clean and tidy. We reviewed documents relating to the management of the practice, reviewed ten clinical patient records and observed patients as they arrived for their appointments. We reviewed the comments from 20 patients who completed CQC comment cards in the two weeks prior to the inspection and spoke to two patients on the day of our inspection.

We also spoke with a dentist, a dental nurse, a receptionist, the practice manager and the two principles of the practice, one of which was the safeguarding lead and Registered Manager.

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

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

We found accidents and incidents were reported, investigated and measures put in place where necessary to prevent recurrence. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

There was a needlestick injury protocol and we saw that this had been followed in the case of the recorded incident.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received in a dedicated email address and actioned by the one of the dentists. We were shown a recent national patient safety alert which referred to a voluntary recall of a brand of toothpaste which the practice stocks. If they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

Records sent to us following the inspection reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

We looked at the documentation around safeguarding and abuse. The practice had policies and

procedures in place for child protection and safeguarding people using the service which included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission.

These policies provided staff with information about identifying, reporting and dealing with suspected abuse and staff we spoke with were able to describe the types of abuse they might witness during the course of their duties.

We saw records that staff had received training on safeguarding via eLearning and a study day. One of the principals of the practice was the lead for safeguarding and we saw that they had received additional training to enable them to carry out this role. We saw staff had completed training in information governance and we noted throughout the inspection that computer records were password protected to protect personal data.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had undertaken a sharps risk assessment to reduce the likelihood of sharps injuries.

There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Rubber dams were used in root canal treatment, this ensured the treatment was carried out using up to date guidelines and increased the safety of the procedure for the patient. 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.

All staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

Medical emergencies

The practice had arrangements in place to deal with most medical emergencies. All staff had attended training for cardiopulmonary resuscitation (CPR). We checked the medical emergency drugs kit and found all contents were in date and in accordance with national guidelines. We saw evidence to show all emergency drugs were regularly checked and kept up to date.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK and British National Formulary (BNF). This included face masks for adults and children,

Are services safe?

oxygen and medicines for use in an emergency. We saw that the emergency oxygen cylinder was regularly checked. There was a protocol in place to ensure correct maintenance of this piece of equipment.

The practice had an Automated External Defibrillator (AED). An AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity.

Staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of current regulations. This included application forms, employment history and evidence of qualifications. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

We were able to confirm appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. These checks are made with the Disclosure and Barring Service to ensure staff were safe to work with children and vulnerable adults.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

A health and safety policy with supporting risk assessments was in place at the practice. Staff knew where to locate the policy if they needed it. The policy described risks and the actions identified to mitigate risk.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella disease risk assessment, fire evacuation and risks associated with hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe. For example we saw records confirming that all staff (where required) had received their course of immunisations for hepatitis B.

Staff induction included a briefing on health and safety procedures including what to do if there was a fire in the practice. New staff were required to familiarise themselves with the practice health and safety guidance.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. On the day of inspection we were told that all COSHH information was saved electronically however the staff were unable to locate it on the electronic system. The practice team told us they often discussed chemicals and materials used (especially when new ones were introduced) and were aware of hazards and how to minimise them. Following the inspection the practice provided a detailed COSHH file which helped manage risks (to patients, staff and visitors) associated with substances hazardous to health. The practice manager stated they would maintain a physical COSHH file in a central place in order to provide easy access for all staff.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the owners.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control.

They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

All areas of the practice were visibly clean and tidy. Patients we spoke with and those who completed comment cards told us that the practice was always clean. There were

cleaning schedules in place for cleaning the premises and equipment. Cleaning records were maintained and these were audited regularly to ensure that cleaning was effective.

Staff were provided with personal protective equipment such as gloves, visors and aprons. Records showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. 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 blood borne infections.

The equipment used for cleaning and sterilising dental instruments were maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

We observed a member of staff cleaning the work area in a consulting room between treatments. The process followed current guidance for the cleaning and decontamination of dental practices and appropriate personal protective equipment (PPE) was worn throughout the procedure. Dental lines that carry water to the dental chair units were flushed through in accordance with best practice and a chemical application to reduce the risk of bacteria growing in the lines was appropriately applied.

Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to ensure any bacteria are killed). A member of staff demonstrated the process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. We saw appropriate PPE was worn throughout the procedure.

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained.

We looked at the dental instruments which had been taken through the decontamination process and were ready for use in each of the dental consulting rooms. All instruments we checked were in correctly labelled and dated sterile pouches. (All dental instruments placed in sterile pouches have a one year shelf life after which they should be reprocessed if not used).

Clinical waste leaving the practice was in colour coded bags or in the appropriate containers required by legislation. The clinical waste was held securely in an external locked container awaiting collection. There was a contract in place for the disposal of all clinical waste and dental products including amalgam (the material used for some fillings). Records of collection of clinical waste by the approved contractor were signed and retained appropriately.

We found hand washing guidance displayed above the wash hand basins in all consulting rooms, the decontamination room and toilets. There was an adequate supply of hand washing soap and paper towels adjacent to all hand wash hand basins.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the compressor, autoclave, fire extinguishers and the X-ray equipment. We were shown the annual servicing certificates. The records showed the service had had an efficient system in place to ensure equipment in use was safe, and in good working order.

An effective system was in place for the prescribing, recording and dispensing of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines.

The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics were recorded in clinical patient records.

We checked medicines held for use in an emergency and for day to day treatment all were within their expiry dates and there was a system in place for monitoring the expiry dates and ensuring medicines were held safely and securely. Any medicine prescribed was supported by a prescription and an entry in the patient's record.

Are services safe?

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the back office. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice maintained a comprehensive radiation protection folder. We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were available.

A radiation protection advisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. The radiation protection folder contained details of those qualified staff and evidence of their training. All staff working at the practice had been required to sign to indicate that they understood the correct procedures and the local rules relating to the use of X-ray equipment. The procedures were designed to keep staff and patients safe from unnecessary radiation exposure. X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment.

We viewed documentation that demonstrated that the X-ray equipment was serviced and calibrated at the recommended intervals.

Dentists entered the rating of the quality of the X-rays taken in the patient's record. The practice used the data collected to audit their overall achievement in relation to the standards of x-rays taken. We noted that the practice followed a policy of keeping exposure to x-rays to a minimum.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients completed a full medical history and asked if there were any changes to medical conditions or medicines taken before any course of treatment was undertaken. The records we reviewed showed medical history had been checked.

Records we viewed showed an examination of a patient's soft tissues (including lips, tongue and palate) was routinely carried out and their use of alcohol and tobacco was recorded. These measures demonstrated to us a risk assessment process for oral disease was carried out.

The practice kept up to date with current guidelines in order to develop and improve their system of clinical risk management. The dentists we spoke with considered National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. The justification, findings and quality assurance of X-ray images taken was recorded in the patients' records.

Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients to look after their oral health. The leaflets were available in several different languages and in large print. Leaflets included information about good oral hygiene.

The dentist told us they offered oral health advice to patients and this was confirmed by some patients who completed comment cards. Patients also told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health.

Records we reviewed showed dentists routinely documented advice given to patients appropriate to their individual needs such as smoking cessation or dietary advice.

Staff spoken with were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Staffing

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the manager was available to speak to at all times for support and advice.

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The Toothbooth Dental Practice Group employ a 'float' dental nurse who works at several different practices within the group ensuring maximum utilisation and each practice was resourced accordingly.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Records showed details of the number of hours they had undertaken and training certificates were also in place. This showed the provider ensured all relevant training was attended so that staff were working within their sphere of competency. Training certificates we saw also evidenced that staff attended off site training as a team for example training in basic life support.

This demonstrated that the provider was supporting their staff to deliver care and treatment safely and to an appropriate standard. We spoke with members of staff who confirmed they had their learning needs identified and they were encouraged to maintain their professional expertise by attendance at training courses.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. One patient we spoke to

Are services effective?

(for example, treatment is effective)

had recently been referred to the local sedation dental clinic for invasive treatment (Sedation dentistry uses medication to help patients relax during dental procedures).

The practice told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest, for example orthodontic treatment. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Consent to care and treatment

The dentist we spoke with explained to us how valid consent was obtained for all care and treatment. During the course of inspection we reviewed a random sample of 10 dental care records. The records showed and staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign consent forms for some dental procedures such as tooth whitening to indicate they understood the treatment and risks involved.

The practice demonstrated an understanding of how the Mental Capacity Act 2005 (MCA) applied in considering whether or not patients had the capacity to consent to dental treatment (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

The dentists were also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During and our visit we spoke with two patients about their care and treatment; we also reviewed 20 comment cards. All patients commented positively about dentists, dental nurses and reception staff. They described staff as professional, friendly, helpful and caring.

We observed staff greeting patients on arrival at the practice and booking appointments. We saw that patients were treated very professionally. We observed staff handling patient telephone calls. They were polite and professional with patients and offered options for the date and time of appointment. Patients who completed comment cards said they were always treated with kindness and respect.

The dentist we spoke with told us any patients who were nervous about dental treatment were given extra time and their treatment was explained so that they knew what to expect. All 20 of the patients who completed the comment cards described the service as good or excellent. Several comment cards made reference how their treatment had been adapted due to their dental anxiety.

A data protection and confidentiality policy was in place and staff signed confidentiality agreements linked to their contract of employment. The policy covered disclosure of patient information and their conditions and the secure handling of patient information.

We saw that consultation room doors were closed during consultation and treatment and conversations could not be heard from outside. Our observations of the reception area found that staff were careful not to discuss patient details when others could overhear. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room.

If a patient requested to speak with staff in private they could be taken to another room within the practice away from the reception desk.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. The dentist and practice manager we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.

When a course of treatment was proposed patients were given a treatment plan which set out the details, and costs, of the treatment. The patient was given a copy of the plan and a second copy was retained in their records.

The dentists told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information on the range of treatments available from the practice was available in both the practice leaflet and on the website. The treatments were also displayed in the reception area and the costs for private treatment were detailed alongside the treatments.

The services provided include preventative advice and treatment and routine and restorative dental care.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice plan emergency appointments into the dentists schedule to allow for emergency on the day treatment.

Staff told us if a patient required an emergency appointment and all appointments were booked including the emergency slots patients would be offered the option to attend another local practice within the group for an appointment.

The practice provided continuity of care to their patients by ensuring they saw the same dentist each time they attended. When this was not possible they were able to see one of the other dentists.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the patient record. Decisions relating to the frequency of recall and the need for x-rays were based upon the findings of the initial assessment and then documented in the patient's records.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients.

The practice was accessible to patients in wheelchairs and those with walking difficulties. Staff were aware of patients with mobility difficulties and there was a system in place for patients requiring assistance with access to call the reception to alert a member of staff to greet them and support their entrance to the practice if they so needed.

Consulting rooms were on the first floor accessed via a lift. The doors to each room and corridors within the practice were wide enough to enable wheelchair access.

The practice had access to a telephone translation services. Staff told us they were confident in using this translation service and also told us that the majority of patients had English as their first language and that the need for translation was rare.

We saw registration leaflets and health promotion information was available in a variety of languages.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or as soon as an emergency appointment could be identified, this often included extending their working day if necessary. We looked at the appointments system in use and saw that time was blocked out each day to accommodate patients in urgent need of dental treatment.

Opening hours were 8.30am to 8.00pm Monday, Tuesday and Thursday. On Wednesday and Friday the practice opening times were 8.30am to 5.30pm. The practice was open between 8am and 1pm on Saturdays.

Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services. Patients we spoke with and those who completed CQC comment cards said felt they had good access to routine and urgent dental care.

The practice opening hours were displayed near the main entrance.

Concerns & complaints

The practice had a system for dealing with complaints. Information on how to lodge a complaint was held at reception and there was written information available. The

Are services responsive to people's needs?

(for example, to feedback?)

complaints procedure set out who would deal with a complaint and timescales for investigation and response. It also detailed who to contact if the patient was unhappy with the outcome of the complaint investigation.

We reviewed four complaints the practice had received in the last twelve months. These had been investigated and responded to in accordance with the practice procedure and when an apology was due it had been made.

Steps had been taken to resolve the issue to the patient's satisfaction. We saw that a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken.

A complaints and comments book was available within the patient waiting area. We looked at comments and suggestions recorded within this book and found that these had been responded to by the practice manager.

Are services well-led?

Our findings

Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks; for example, for use of equipment in the dental practice including X-ray

development chemicals, fire and infection control. All the risk assessments had identified risks to health described and how to mitigate that risk also emergency treatment if exposure occurred.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of antibiotic prescribing, topical fluoride application in children and X-rays. Lead roles, for example in safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits that clearly showed improvements had been maintained.

The practice had a well-defined management structure which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date. Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records.

These included confidentiality and information governance policies and record management guidance.

Leadership, openness and transparency

The two practice principals and practice manager provided clearly defined leadership roles within the practice.

There were a range of meetings held in the practice, including clinical discussions between dentists and dental nurses and management meetings between the practice manager and the two practice principals. The practice manager and the two practice principals ensured policies and procedures were reviewed and updated to support the safe running of the service.

Staff told us there were informal and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists. We looked at a sample of records from practice meetings. We saw that information was shared in an open and transparent way.

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the practice manager and dentists were very approachable and available for advice where needed.

Staff we spoke with told us the practice had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the dentist. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

The dental nurse and receptionist who we spoke with told us they had good support to carry out their individual roles within the practice.

Staff took breaks together and were able to discuss any concerns or ideas with the dentist and practice manager at any time. Staff we spoke with told us they were encouraged to put forward ideas and they told us they were well supported to carry out their roles and responsibilities. Staff had job descriptions and were clear on the duties that were expected of them.

Management lead through learning and improvement

The practice audited areas of their practice each year as part of a system of continuous improvement and learning.

These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

Are services well-led?

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Training was completed through a variety of media and other sources. Staff were given time to attend local training seminars and sourced other training opportunities online or through professional journals.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in 2014 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS friends and family test, which is a national programme to allow patients to provide feedback on the services provided. We looked at the results from the friends and family test. We saw that a high percentage of patients who participated were either extremely likely or likely to recommend the practice.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate. Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.

There were some examples of compliments received at the practice for example relating to the efficiency of the dentists in treating patients with dental anxiety.