Vicki Hunter Limited

Lichfield Family Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 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 regulation.

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.

Overall the practice had systems in place to ensure that patients were kept safe. These included systems for reporting and learning from incidents and staff were encouraged to raise concerns. There was sufficient equipment to deal with medical emergencies and all emergency equipment was checked. All staff had received training in emergency resuscitation and basic life support. Cleaning schedules for the premises and infection prevention and control procedures were in place. Instruments were cleaned and sterilised effectively and staff wore personal protective equipment in line with recommended Department of Health guidance. Health and safety assessments related to the premises which included fire risk assessments and a legionella risk assessment had been carried out. Equipment was serviced and maintained and radiation protection files were complete and up to date to ensure that patients and staff were protected from the risk of harm. Staff files showed that safe recruitment practices had been followed and staff files were securely stored to protect the confidentiality of staff personal information. The practice followed guidance related to safe sharps systems and the use of a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments during root canal work). The dentists had taken the responsibility for the disposal of sharp instruments.

Are services effective?

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

The practice could demonstrate they followed relevant guidance, including that issued by the National Institute for Health and Care Excellence (NICE). The practice maintained appropriate dental care records and details were updated appropriately. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. Staff showed some awareness of working within relevant legislation when treating patients who may lack capacity to make decisions. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration. Staff files were available to confirm all staff had kept up to date with training and received annual appraisals to review their professional development.

Are services caring?

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

Staff ensured patients were kept involved in the planning of their care and treatment. We collected 30 completed Care Quality Commission (CQC) patient comment cards. All the comments we received provided a positive view of the service the practice provided. Patients commented that the quality of care they received was very good. Patients commented that all the staff were helpful and caring and that all treatment options were explained to them.

Are services responsive to people's needs?

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

Patients had good access to appointments, including urgent and emergency appointments when required. The practice provided patients with information in a way that they could understand. This included information that was

Summary of findings

free of or explained dental terminology, access to information in different languages and access to telephone interpreter services if needed. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice's website and information leaflet provided details about opening times, appointment arrangements and emergency treatment when the practice was closed.

Are services well-led?

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

The practice had a number of policies, systems and processes in place, which had been reviewed to ensure that they were up to date. The practice had robust clinical governance and risk management structures in place. The practice was completing six monthly audits of infection prevention and control arrangements to ensure these were maintained in accordance with guidance from the Department of Health. The staff we spoke with described good leadership. Staff told us that they felt listened to, supported and could raise any concerns with the principal dentist. All the staff we met said that the practice was a good place to work. We found that staff received appropriate professional development. There were systems in place to share learning about complaints or incidents and the practice used these to make improvements to patients care. The practice had arrangements in place to obtain the views of patients who used the service so that they could use these to make improvements.

Lichfield Family Dental Surgery

Detailed findings

Background to this inspection

Lichfield Family Dental Surgery is an independent dental practice providing private treatment for adults and children. The practice is situated in a converted house in a residential area of Lichfield. The practice has two dental treatment rooms located on the ground floor of the building and a decontamination room for cleaning, sterilising and packing dental instruments is on the first floor. Patients' dental treatment and care is provided on the ground floor and the reception and waiting area are located on this floor. There are two entrances to the practice. Both entrances provide level access and are suitable for patients with mobility difficulties and families with prams and pushchairs.

The practice is open Monday from 9am to 8pm, Wednesday and Friday 9am to 5.30pm, Tuesday and Thursday 8.30am to 5.30pm and Saturday 8am to 2pm. The practice has two dentists who are supported by five dental nurses and a receptionist. One of the dental nurses is a trainee in the process of completing their training to become a qualified dental nurse. One of the dentists is the principal dentist and owner of the practice, the second dentist is an associate dentist.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The registered manager is supported by the receptionist.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive. Patients said they received good care from the practice; staff were professional, very helpful and caring. They told us that the dentists made sure they understood what the treatment involved, made them feel at ease and listened to their concerns.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 17 March 2016. It was led by a Care Quality Commission (CQC) inspector who was supported by a dental specialist advisor. Before visiting, we reviewed a range of information that we held about the practice. During the inspection, we spoke with the dentists, dental nurses, reception staff, spoke with patients who used the service and reviewed policies, procedures and other documents. We received 30 comment cards which were all positive. Patients we spoke with said they received good care, staff were very helpful, dentists listened and any proposed treatment and care was explained and shared with them.

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?

Detailed findings

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

Our key findings were:

- The practice was focussed on providing good oral health care and treatment to patients.
- The practice was visibly clean and clutter free.
- Patients commented that they were listened to and their proposed treatment was explained to them in a way they understood.
- The practice asked patients for feedback on the services they received.
- Staff reported and recorded incidents and this information was used for shared learning.
- Staff had been trained to handle emergencies.
- Patients found it easy to make an appointment and had information available to them on how to make an appointment in an emergency.
- The practice had enough staff to meet patients dental health needs.
- Staff had received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice principal dentist.
- The practice had good facilities and was well equipped to meet the needs of patients.
- The principal dentist provided effective clinical and business leadership at the practice.
- Patients had access to information on how to complain.

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

- Review the storage of dental care products requiring refrigeration to ensure they are stored in line with the manufacturer's guidance.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from significant events. Significant event can be described as occurrences that can have a positive or negative outcome for patients. The principal dentist received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email. Staff told us that there had been no significant events since the principal dentist over the practice in December 2014. Staff were able to describe the action they would take if any incidents, accidents or untoward events occurred and they were all aware of the process for reporting events that occurred.

The practice policy included ensuring that if unintended or unexpected safety incidents occurred, patients would receive reasonable support, relevant information, a verbal and written apology and would be told about any actions taken to improve processes to prevent the same thing happening again. A duty of candour was evident and encouraged through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the lead for safeguarding within the practice. Arrangements were in place to safeguard children and vulnerable adults from the risk of harm that reflected relevant legislation, local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated that they understood their responsibilities and all had received training relevant to their role. We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take. The practice reported that there had been no safeguarding incidents that required further investigation.

The practice had started implementing specific safe sharps practises that were aligned to the EU directive on safer sharps practises. This included the availability of a policy, a poster providing information on safe sharps practices was displayed, sharps bins were attached to the wall and staff had received training in safe sharp practises. The practice could therefore ensure that staff were protected from the risk of blood borne viruses. The dentists told us that they took the responsibility for disposing of sharps at the point of use. Staff were knowledgeable and confident in describing the practice procedure for disposing of needles and instruments. The principal dentist reported that there had been no needle stick injuries over the past year.

We asked about the use of rubber dam in dental treatment. The dentist explained that a rubber dam was used as the main precaution where possible. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. When it was not possible to use a rubber dam alternative precautions were taken to protect a patient's airway during the treatment. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice followed guidelines about how to manage emergency medicines. The BNF is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (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). Staff had checked the AED to ensure that it was working and readily available.

Emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar) were stored within a secure area of the practice. The medicine used to treat hypoglycaemia was not stored in a refrigerator, this was acceptable practice. To comply with the manufacturer's instructions the practice

had reduced the shelf life of this medicine. The expiry dates of medicines were regularly checked which enabled staff to replace out of date medicines. We saw that all medicines were within their expiry date. Staff we spoke with knew the location of the emergency equipment and how to use it. Training records showed that staff had received annual basic life support training.

Staff recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to a staff member commencing employment. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The dentists and qualified dental nurses were all registered with the General Dental Council, the dental professionals' regulatory body. Staff recruitment records were stored securely in a lockable room accessible only to the principal dentist (owner of the practice) to protect the confidentiality of staff personal information.The practice had undertaken criminal records checks through the Disclosure and Barring Service (DBS) on staff. (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).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The organisation maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and all the equipment used at the practice. All staff had been trained in fire safety and the practice carried out regular testing of firefighting equipment and carried out regular fire drills.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with the premises or staffing problems.

The practice had risk assessments in place for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. The risk assessments contained details of the way substances and materials used in dentistry should be handled and the precautions to be taken to prevent harm to patients and staff.

Infection control

The practice had an infection control policy that was regularly reviewed to ensure that effective systems were in place to reduce the risk and spread of infection within the practice. We saw that the processing of contaminated instruments was meeting the requirements of the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) (national guidance for infection prevention control in dental practices') essential quality requirements.

The practice had ensured that the immunisation status of all staff had been checked this included determining their Hepatitis B status.

We saw that the two dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning identified clean from dirty areas in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing posters were also displayed appropriately in various areas of the practice. The drawers of treatment rooms were inspected and these were clean and ordered. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. This included how the working surfaces; dental unit and dental chair were decontaminated. Staff showed us the processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a particular bacterium which can contaminate water systems in buildings. The practice had completed a risk assessment for the management, testing and investigation of legionella in May 2015.

The practice used one of the treatment rooms as a separate decontamination room for instrument processing. The dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again.

Are services safe?

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean. When instruments had been sterilized, they were pouched and stored until required. We noted that pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We saw that records were maintained to demonstrate that the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

We saw that the practice separated and stored clinical waste appropriately. We saw that sharps containers, clinical waste bags and non-clinical waste were properly maintained and was in accordance with current guidelines. Clinical waste was stored in a separate locked location within the practice prior to collection by the waste contractor. Patients could be assured that they were protected from the risk of infection from contaminated dental waste. Clinical waste audits had been completed in January 2015 and March 2016 to demonstrate that safe practises were maintained by staff. Waste consignment collection notes were available to confirm that the practice used an appropriate contractor to remove clinical waste safely from the practice.

We also saw that general environmental cleaning was carried out by staff at the practice when the practice was closed. Cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials were stored appropriately in a suitably maintained storage facility.

Equipment and medicines

Equipment checks were regularly carried out at various times over the years, in line with the manufacturer's recommendations and within service dates. We saw that records of calibration, testing, servicing and inspection of equipment within the practice were maintained. Staff were able to demonstrate the safe and effective use of equipment in operation including X-ray, instrument cleaning and sterilising machines. We saw that portable appliance testing (PAT) had been carried out in September 2015. The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM 01-05.

We saw that the practice had a small fridge, which was used to store dental materials. The principal dentist told us the fridge was not going to be used to store medicines. The temperatures recorded in the temperature log showed a minimum temperature of 7.2 degrees centigrade and a maximum temperature of 12.2 degrees centigrade. Other recorded temperatures showed that they were all similar to these temperatures. Refrigerators used to store medicines should maintain a temperature of 2 to 8 degrees centigrade to ensure the quality and stability of the medicines are not compromised. The principal dentist told us that they would check that the temperatures maintained by the fridge were appropriate for the dental materials they planned to store in it.

Medicines used in dental procedures were stored in accordance with the manufacturers' guidelines. All of the medicines we checked were in date, correctly stored and their use was recorded and audited. Blank prescription forms were stored securely and tracked to ensure they were securely managed. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients.

Radiography (X-rays)

The practice had written procedures and carried out risk assessments to minimise the risk of harm from radiation to staff, visitors and patients. All information had been collated in a radiation protection file. The radiation protection file met legislative requirements of the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The names of the Radiation Protection Advisor and the Radiation Protection Supervisor were identified in the file. We saw the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules were in the file. All X-ray equipment had been maintained and serviced in line with manufacturer's instructions to ensure it was fit for purpose.

Radiological audits for each dentist had been carried out in April 2015 and October 2015. The audits demonstrated that X-rays taken were clinically necessary and also that when an X-ray had been taken the quality of the image was acceptable and could be used in the diagnosis and development of a patient's dental treatment plan. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff

Are services safe?

were protected from unnecessary exposure to radiation. We saw all staff had received training in operating safely in the X-ray area and that those who physically used the equipment had been appropriately trained.

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 recognised general professional guidelines. We spoke with both dentists who described how patients' needs were assessed and their care and treatment planned and delivered in line with their individual dental treatment plan. The dentists used nationally recognised guidelines to base treatments and develop long term plans for managing patients' oral health. Assessments began with patients completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that each patients medical history was updated at subsequent visits. The practice stored detailed information about the assessment, diagnosis, treatment and advice dental healthcare professionals provided to patients in computerised dental care records. Care records confirmed that when a dental X-ray was required the reason for taking it was justified.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Treatment records contained details of the condition of patient's teeth, gums and soft tissues lining the mouth which help to detect early signs of cancer. A dental health assessment was carried out at each appointment and records indicated that patients were made aware of changes in the condition of their oral health. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. Assessments about smoking, alcohol and sugar intake were made. Where appropriate staff promoted preventative measures as part of ongoing oral health. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Patients also had access to a range of leaflets explaining how they could maintain good oral health.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. We saw evidence that children and their parents/ carers had been given advice on the measures to take to prevent deterioration in their oral health.

Staffing

There were enough staff to support the dentists during patients' treatments. The practice had sufficient staff employed in different roles to meet the needs of patients. Clinical leadership was provided by the principal dentist. The clinical team consisted of dentists, dental nurses, a trainee dental nurse and a receptionist.

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed annual training in basic life support, infection control and fire safety. Other training received by staff included safe radiography practices, decontamination procedures, oral cancer and management of emergency medicines. Staff told us they had been supported by the practice to meet the requirements of their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The dentists and qualified dental nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom.

Working with other services

The lead dentist explained how they would work with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed

Are services effective?

(for example, treatment is effective)

by other primary and secondary care providers such as oral surgery and orthodontic providers where required. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We found that staff were able to explain how they would support a patient who lacked the capacity to consent to dental treatment. Staff understood that consent was an ongoing process and a patient could withdraw consent at any time. The dentist explained that they gave patients a detailed verbal and written explanation of the type of treatment required, including the risks, benefits and options.

The practice had a consent policy in place which reflected the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Where patients did not have the capacity to consent, the dentists acted in accordance with legal requirements to ensure decisions about treatment were made in the best interest of the patient.

Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings. For example, staff were clear about the importance of the emotional support needed for patients who were very nervous or phobic of dental treatment. We noted that treatment room doors were closed at all times when patients were with the dentists. Conversations taking place in these rooms could not be overheard. The practice reception was situated in the main waiting area this was a small area and not suitable for private conversations. Practice staff told us that a separate room could be made available for patients to discuss confidential issues in private if required.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 30 completed cards. The cards contained positive comments about the practice and staff. Patients commented that the practice provided a very good service, they were treated with respect and dignity and that staff were professional, helpful and caring.

Involvement in decisions about care and treatment

The practice displayed information in the waiting areas in practice leaflets and on the practice website to clearly explain the costs of treatment for patients. Staff told us they explained the treatment and cost with each patient. All of the patients who provided feedback said they were involved in decisions about their care and treatment. Information available showed that the practice provided clear treatment plans to its patients that detailed possible management options and indicative costs. We saw that details of patients treatment and the options available to them was also recorded in their dental records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

On the day of our inspection we saw that patients and visitors were dealt with by staff in a professional and caring manner and they received treatment and assessment in a timely way.

The majority of patients seen by the practice were people of working age and older people who lived in the local community and surrounding area. Each patient contact with a dentist was recorded in the patient's record card. We found that an up to date medical history had been taken on each occasion. When an X-ray was required, the reason for undertaking it was valid and had been recorded. Records showed comprehensive assessment of the periodontal tissues had been undertaken and was recorded using the basic periodontal examination (BPE) screening tool. (BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). We saw that the dentists used nationally recognised guidelines to base treatments and develop longer term plans for managing oral health.

Patients who were new to the practice were asked to complete a comprehensive medical and dental health questionnaire. This enabled the practice to gather important information about their previous dental and medical history. The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised dental care records.

The practice provided patients with information about the services they offered on their website and we saw patient information leaflets were available in the waiting room. The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

Tackling inequity and promoting equality

The practice was an independent dental practice and ensured through its website and in its practice leaflets that potential patients were aware that only private dental treatment was offered.

The practice had made reasonable adjustments to help prevent inequity for all patients. This included for example adjusting services for patients that experienced limited mobility or language barriers. The reception desk was positioned at a level that allowed easy accessibility for patients in wheel chairs so that they could easily book appointments and sign paperwork. The majority of patients who used the practice spoke and understood English. Staff told us they had access to interpreters if needed.

Patients' dental treatment and care was provided on the ground floor of the building and the reception and waiting area was located on this floor. There were two entrances to the practice and both entrances provided level access to the practice and were suitable for patients with mobility difficulties and families with prams and pushchairs. There was also adapted toilet facilities that were easily accessible to all patients.

Access to the service

The practice offered flexible opening times and was open Monday from 9am to 8pm, Wednesday and Friday 9am to 5.30pm, Tuesday and Thursday 8.30am to 5.30pm and Saturday 8am to 2pm. There were alternative arrangements in place for patients to be seen in an emergency when the practice was closed. Patients were provided with details of who to contact through an answerphone message on the dental practice phone. During practice hours the dentist saw patients who presented with a dental emergency.

Concerns & complaints

The practice procedure for handling complaints contained clear guidance on the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice leaflet, on the practice website and in the waiting area. Staff told us that they had not received any complaints regarding the service provided since the practice was acquired by the new owner in December 2014.

Are services well-led?

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practices strategy for good quality care.

We saw that the practice had a number of comprehensive policies and procedures to provide guidance to staff. Records available showed that staff recorded and investigated incidents such as significant events and learnt from them. The practice had completed a number of audits to identify issues where quality and safety may be compromised. Monthly practice meetings were held where issues related to governance arrangements were also discussed.

All practice staff which included dentists and dental nurses were supported to address their professional development needs. Health and safety risk assessments had been conducted to limit risks from the premises and environmental factors. For example staff had received training and knew how to deal with unplanned events such as medical emergencies. Staff told us that the principal dentist was responsible for the day-to-day running of the practice. Our discussions with staff demonstrated that there was a clear staffing structure and that staff were aware of their roles and responsibilities

Leadership, openness and transparency

We saw the practice had a statement of purpose which included details of the aims and objectives of the services the practice planned to provide, details of the registered manager and details of the location where services were provided. The practice aimed to provide a full range of treatments to secure and maintain patient's oral health.

The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's aim to provide a quality service and were proud of their work and that of the staff team. Staff said they felt valued and were committed to the practice's progress and development. The culture of the practice encouraged openness and honesty. Staff told us they felt confident about raising concerns or making suggestions.

The lead dentist told us about the arrangements for sharing information with staff. This included both informal discussions and formal practice staff meetings. Minutes of practice meetings were taken to assist in sharing information with members of staff who had been absent and to provide an audit trail of communication. Staff were aware of their rights in respect of raising concerns about their place of work under whistleblowing legislation. We saw that the practice had an up to date whistleblowing policy which was updated to reflect the changes made at the practice.

Learning and improvement

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. All dentists and dental nurses who worked at the practice were registered with the General Dental Council (GDC) and staff were supported to maintain their continuing professional development. Staff told us that they felt supported to develop within the practice and were encouraged and given the time needed to undertake training which would increase their knowledge of their role. Staff had annual one to one performance assessments and appraisals.

There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current national guidelines. Learning points were also shared and discussed with staff at team meetings. Audits included completeness and accuracy of clinical records, infection prevention, taking of medical history and the quality of radiological images. The audits had all been reviewed and any area that required changes to be made had been actioned.

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

The practice encouraged and valued feedback from patients, staff and visitors. The practice had gathered feedback from patients through surveys and complaints received. Patients had made positive comments related to the quality of services provided. These included access to the practice, appointments, waiting times and the attitude of staff.

The practice had an open door policy. Staff were aware that they could raise concerns at any time. Feedback from staff was also gathered through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or

Are services well-led?

issues with the principal dentist who was also the owner of the practice. Staff confirmed that they had monthly meetings; the minutes of these were made available for staff that could not attend. Staff said the meetings provided the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.