

## Priory House Dental Care Limited

# Mydentist - Hessle High Road - Hull

### Inspection Report

Priory House  
1133 Hessle Road  
Hull  
Humberside  
HU4 6SB  
Tel: 01482 347352  
Website: [www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 8 December 2016  
Date of publication: 11/01/2017

### Overall summary

We carried out an announced comprehensive inspection on 8 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Mydentist - Hessle High Road – Hull is located in a purpose-built premise and provides NHS and private treatment to patients of all ages, including preventative advice, dental implants, endodontics and cosmetic dental treatment. The practice also provided treatment for patients with jaw problems. There are eight treatment rooms, interconnecting decontamination rooms on each floor for sterilising dental instruments, a staff room/kitchen, a general office, male and female changing rooms and storage rooms. An Orthopantomogram (OPT) room and X-ray processing room is also located on the ground floor.

Access for wheelchair users or pushchairs is possible from the front entrance which leads into a spacious reception and waiting area. Ample car parking spaces are available in front of the practice.

The dental team is comprised of nine dentists two of which are foundation training dentists, fourteen dental nurses (one is the lead dental nurse, one is the treatment

# Summary of findings

co-ordinator, two of which are trainees and three work on reception also), two dental hygiene therapists, one lead receptionist and the practice manager. The practice is supported by a corporate area team.

The practice is open:

Monday, Wednesday & Thursday 8am - 6pm

Tuesday 8am - 7pm

Friday 8am - 5pm

Saturday 8:30am - 12:30pm.

The practice manager 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.

On the day of inspection we received 46 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very helpful and polite. The practice had a happy environment; staff were gentle and caring, friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

## Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and uncluttered.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and detailed processes for staff training led by the practice manager.

We found areas of notable practice that we felt should be shared which included: the implementation of a system to relieve pain to the jaw and help relax the facial muscles. A very detailed assessment was conducted before and after placement so the results could be measured. The practice worked in partnership with an audiologist who would see the patient either at their home or in the practice to take an impression of the middle ear. This would be stored for future use if required. We were told of the success rate of patients' involved in this treatment was over 80% and one case had improved someone's pain level so much that after six years of taking medication they no longer required this. The practice was aware of new epidemiology studies taking place to gain more knowledge about the procedure.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had very effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting forms were easily accessible to all staff.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We reviewed the legionella risk assessment March 2015. Evidence of regular water testing was being carried out in accordance with the assessment. We found surgery checklists were in place to log daily purging of all dental unit waterlines.

No action



### Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

No action



### Are services caring?

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

No action



# Summary of findings

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 46 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely and computers were password protected.

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

## **Are services responsive to people's needs?**

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

The practice had dedicated slots, for each clinician, each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Any patients who had an implant fitted were given access to a direct emergency number for advice if required. The dentist would also ensure patients could be accommodated before and after working hours.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as a hearing loop, hand rails, large print leaflets and an accessible toilet.

**No action** 

## **Are services well-led?**

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice manager regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted patient satisfaction surveys, collected patient testimonials and collated feedback from social media. There was also a comments box in the waiting room for patients to make suggestions to the practice.

**No action** 

# Summary of findings

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues. The dentists had a quarterly meeting to discuss clinical cases or results of clinical audits and also met as an area for peer review bi-annually.

# Mydentist - Hessle High Road - Hull

## 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 led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with, three dentists, four dental nurses, a receptionist, and the practice manager. To

assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service. The area compliance team were also available during the inspection.

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 told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same. Posters were available on the staff notice board to reinforce the message.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference. The latest MHRA alert related to a medical emergency item the practice held. The practice manager completed a significant event form as they decided until a suitable replacement was sourced patients should not be seen.

### Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place which covered the mental capacity act. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The practice manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy kept within the staff room. Staff 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.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried

out a thorough sharps risk assessment and each clinician had a personal risk assessment completed. A safe sharps system had been implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

The dentists 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 is 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 staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed daily checks were carried out on the emergency medicines, medical oxygen cylinders and the AED. These checks ensured the oxygen cylinders were

# Are services safe?

sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw that the oxygen cylinders were serviced on an annual basis.

## **Staff recruitment**

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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. We reviewed a sample of recruitment files and these showed that all checks were in place.

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

## **Monitoring health & safety and responding to risks**

The practice had undertaken a number of 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 which was updated in December 2015.

The practice had maintained a detailed 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 the COSHH folder was organised alphabetically to ensure easy access for information.

We noted there had been a fire risk assessment completed for the premises in December 2016; the report was due to be sent to the practice to action if required. 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. Two members of staff had completed training to be a fire marshal and high visibility vests were available throughout the practice to help ensure all staff and patients were safely escorted out of the premises. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **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. The practice followed 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)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in October 2016 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. The audit showed the practice was meeting the required standards.



# Are services safe?

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in March 2015. The practice undertook 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 a water conditioning agent, monitoring hot and cold water temperatures. The practice manager had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the recommendations from HTM 01-05.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment and X-ray machines and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately and logs of batch numbers and expiry dates was in place. The practice dispensed pain relief for dental implant patients. These were stored securely and there was a system in place to log what had been dispensed to whom.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgeries, in the X-ray OPT room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice bi-annually. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

One of the dentists had recently implemented the use of a system to relieve pain to the jaw and help relax the face muscles. A very detailed assessment was conducted before and after placement so the results could be measured. The practice worked closely with an audiologist who would see the patient either at their home or in the practice to take an impression of the middle ear. This would be stored for future use if required. We were told of the success rate of patients involved in this treatment was over 80% and one case had improved someone's pain level so much that after six years of taking medication they no longer required this. The practice were aware of new epidemiological studies taking place to gain more knowledge about the procedure. We found this to be notable practice which should be recognised.

The practice also provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals by the treatment co-ordinator to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

We were told of a difficult dental implant procedure that had required an extra placement due to bone loss. The dentist had borne the cost of this as a best decision of treatment for the patient. The case had also required some further bone graft and tissue regeneration. The dentist had completed courses to gain further knowledge was up to date and the best treatment could be provided to the patient.

We spoke with the hygiene therapist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

The foundation dental trainer also worked within a hospital environment which enabled the two foundation dentists to alternate each week and gain knowledge of each working environment. A dentist who had stayed at the practice after their foundation training year was now looking to become a foundation dental trainer themselves.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

# Are services effective?

## (for example, treatment is effective)

The dentists would have informal chats during the day to get each other's opinions about cases and each dentist had access to the treatment co-ordinator to support the patient journey.

### **Health promotion & prevention**

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist and the oral health educators also were fully utilised within the practice.

The practice ran children's session in the school holidays and also went in to the local school and children's clubs to provide advice and fluoride varnish treatments.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. Staff had all completed training for smoking cessation and alcohol advice for the local support teams. There were health promotion leaflets available in the waiting room to support patients and the treatment co-ordinator also provided supporting information for patients.

### **Staffing**

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had very good access to on-going training through the academy to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the practice manager at any time to discuss continuing training and development as the need arose.

### **Working with other services**

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

### **Consent to care and treatment**

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the

# Are services effective?

(for example, treatment is effective)

treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and 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. The layout of the waiting areas was conducive to maintaining confidentiality as conversations at the reception desk could not be overheard by those in the waiting area.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage in accordance with the Data Protection Act.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy

Music was played throughout the practice treatment rooms for patients and a selection of magazines and televisions were in each waiting room.

Information folders and patient testimonials were available in the practice and thank you cards were mounted on the walls in the staff room. A selection of leaflets for patients to take home were readily available.

The staff at the practice had recently been involved in a fund raising day where they raised money for a nominated charity.

### **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.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had a disability access audit carried out in December 2015. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs.

The practice had disability aids such as a step free access and a low level bell at the front entrance if anyone required assistance, a hearing loop and an accessible toilet with hand rails. The stairs to the first floor had hand rails on both sides and the steps at the start and end of each level were highlighted.

We also saw the consent forms could be made available in a large print version and the practice had access to translation services for those whose first language was not English.

### Access to the service

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

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

The practice manager was responsible for responding to complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response.

The practice had received 10 complaints in the last 12 months. We reviewed the complaints and saw they had been responded to in line with the practice's policy. This included discussing the complaints during staff meeting to learn and prevent future complaints.

# 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. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

### Leadership, openness and transparency

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 monthly staff meetings involving all staff members and also had daily informal morning meetings to ensure everyone had a role for the day and could raise any concerns if required. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. The dentists had quarterly meeting and also held area peer review sessions bi-annually.

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

The practice manager had implemented a staff star of the week award and feel good moments whereby any feedback that was given to the practice or from staff was shared and nominations were given to highlight good working practice.

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection prevention and control.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

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 and a comment card in the waiting rooms. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. Some comments were fed back in regards to waiting times within the practice, this had been discussed at a staff meeting and staff now told patients if they were running late or the reception team would do this as the patient arrived at the practice.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.