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The Forum Dental Studio

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 October 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

The Forum Dental Studio is a mixed dental practice providing mainly private and some NHS dental care for

both adults and children. Where private treatment is provided, some is provided under a fee per item basis and some under a dental insurance plan. The practice holds NHS contracts for the provision of orthodontic treatment for children and minor oral surgery on a referral basis only. The premises in which the practice is situated is a two storey purpose built facility but with all patient services available on the ground floor.

The practice has four dental treatment rooms, all on the ground floor. There is a separate decontamination room used for cleaning, sterilising and packing dental instruments and X-ray room. There is also a reception, divided waiting area and other rooms used by the practice for office facilities and storage. The practice is open from 8.30am to 5.15pm on Mondays to Thursdays and 8.30am to 4.30pm on Fridays.

The practice has five dentists who are able to provide services including the provision of dental implants (a dental implant is a metal post that is placed surgically into the jaw bone to support a tooth), orthodontic treatment (where malpositioned teeth are repositioned to give a better appearance and improved function) and minor oral surgery. They are supported by a hygiene therapist, seven dental nurses, a practice manager, a business development manager and a receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

Summary of findings

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from 12 patients. These provided a very positive view of the services the practice provides. Patients commented on the high quality of care, their confidence in the staff, the relaxed atmosphere, the cleanliness of the practice and the efficiency and professionalism of staff.

Our key findings were:

- Patients commented that they were very happy with their care, staff were caring, efficient and knowledgeable and appointments were flexible.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice appeared very clean and well maintained and infection control standards were in line with national guidance.
- The practice had medicines and most equipment for use in a medical emergency which were in accordance with national guidelines with the exception of oxygen masks not being available for children and glucagon was stored in an unmonitored fridge. However we were advised following our inspection that these issues would be rectified.
- On the whole staff had received training and support appropriate to their roles and were up to date with their continued professional development (CPD). However we were not able to see records relating to all staff on the day of our inspection.
- Staff reported incidents and these were investigated and learning implemented to improve safety.
- Governance arrangements were in place for the smooth running of the service.

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

- Review the protocols and procedures to embed a system of monitoring to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the refrigerator temperature is monitored and recorded.
- Review its audit protocols to ensure audits are practitioner specific where appropriate to identify specific areas for improvement.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's recruitment arrangements to ensure they are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place where relevant and the required specified information in respect of persons employed by the practice is held.

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 a system to identify, investigate and learn from significant events.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Use of X-rays on the premises was in line with the Regulations.

The practice had medicines and most equipment for use in a medical emergency which were in accordance with national guidelines with the exception of oxygen masks not being available for children and glucagon was not stored in accordance with national guidelines. However we were advised following our inspection that these issues would be rectified.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. Infection control procedures were audited to ensure they remained effective. We found that steam penetration tests were not being carried out on the autoclave but were told that these were going to be implemented following our inspection.

Not all clinical staff had had a Disclosure and Barring Service check in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 but we were informed that these had been undertaken following our inspection.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

The staff received ongoing professional training and development appropriate to their roles and learning needs. However we were unable to see evidence of all training undertaken on the day of our inspection but the practice told us they had implemented a training matrix following our inspection.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

The practice had a process in place to make and receive referrals to and from other dental professionals when appropriate to do so.

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

We received feedback from 12 patients and these provided a positive view of the service the practice provided. Comments reflected that patients were very happy with the quality of care they received.

Patients commented that staff were friendly and supportive and provided a personalised service.

We saw that treatment options were explained to patients in order for them to make an informed decision.

We observed that patients were treated with dignity and respect.

The confidentiality of patients' private information was maintained.

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 access to translation services should they be required and there was a hearing loop available for use by patients with hearing impairments.

Patients said they were always able to get an appointment at a convenient time. Patients who were in pain or in need of urgent treatment were seen on the same day.

There was information available to support patients to raise complaints. When complaints had been made they were responded to appropriately and in a timely way.

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 practice manager and business development manager who provided leadership with support from a clinical lead. Staff were clear about their role and responsibilities.

The practice had policies and protocols to assist in the smooth running of the practice.

Clinical audit was used as a tool to highlight areas where improvements could be made. Not all audits were practitioner specific where appropriate but the practice told us following our inspection they would implement this going forward.

There was an open culture within the practice and staff told us they were well supported and able to raise any concerns within or outside of the practice.

Feedback was obtained from patients and we saw evidence that this was discussed and acted upon to make changes to the service if appropriate.

No action



The Forum Dental Studio

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

We carried out an announced, comprehensive inspection on 17 October 2016. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the principal dentist, associate dentists, the hygienist, dental nurses, business and practice managers and a receptionist.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was a significant event policy which was dated March 2016. Events were recorded within the practice and discussed at practice meetings if appropriate to share any learning.

Staff we spoke with showed an awareness of the Duty of Candour. There was a policy relating to this dated April 2016. 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. This was encouraged through the significant event reporting and complaint handling process.

There was a system in operation for the practice to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Relevant alerts were logged and included a record of actions taken in response to alerts. We saw evidence of recent alerts which had been actioned.

We discussed with staff their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They were aware of when a report should be made and accident forms were available which aided staff to consider when a report was necessary.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding children and vulnerable adults which had been reviewed in May 2016. The practice manager was the safeguarding lead and we saw evidence that staff had received safeguarding training to the appropriate level for their roles. Discussions with staff showed that they were aware of safeguarding procedures and knew who to contact when necessary. Staff we spoke with were able to give examples of when consideration had been given to raising a safeguarding concern.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square 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 (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We spoke with staff about the procedures in place to reduce the risk of sharps' injury in the practice. The practice had a risk assessment in place relating to sharps and were moving to using 'safer sharps' throughout the practice in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation.

Medical emergencies

The practice had medicines and equipment to manage medical emergencies. These were stored together centrally and securely. Staff we spoke with were aware how to access them and use them. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The practice kept a self-inflating bag (a manual resuscitator), as part of the emergency equipment and adult masks were available but not paediatric masks for use on children. Following our inspection the practice manager informed us they had ordered paediatric masks.

There was a system to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and serviceable should they be required. Records we saw showed that the emergency medicines, oxygen and the AED were checked on a weekly basis in line with national guidance from the Resuscitation Council UK. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were present. The medicines were checked on a monthly basis to ensure they were in date. The medicines we checked were all in date.

Staff had completed practical training in emergency resuscitation and basic life support on an annual basis and

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also discussed scenarios in house and ensured that all staff were clear on their role in the event of a medical emergency. For example the receptionist knew their responsibility was to raise the alarm and manage emergency services.

Staff recruitment

The practice had a recruitment policy which was not dated. We reviewed four staff recruitment files which contained evidence that appropriate recruitment checks had been undertaken, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of some checks through the Disclosure and Barring Service (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). However not all clinical staff had been subject to a DBS check. The practice manager told us they had already identified this and had applied for the necessary checks.

Monitoring health & safety and responding to risks

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which had been reviewed in July 2016. Risk assessments had been completed in January 2016 and included risk assessments for clinical waste disposal, the autoclave, environmental slips, trips and falls and electric doors.

A fire risk assessment had been carried out in April 2016 which had not identified any required or recommended actions. We saw there was a fire detection system and emergency lighting installed within the premises. Staff received annual fire safety training and there were appointed fire marshals. Regular checks of equipment such as the fire alarm, emergency lighting and fire extinguishers had been carried out.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a comprehensive file of information pertaining to the hazardous substances used in the practice with a safety data sheet for each product which detailed actions required to minimise risk to patients, staff and visitors. It was not clear from the file when this information had last been reviewed to ensure it was still current, but the clinical lead told us it was reviewed annually.

There was a business continuity plan which had last been reviewed in May 2016. This outlined the arrangements in case of a major incident such as power failure, fire or incapacity of staff. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who may be required in these instances and staff contact details in order to inform them in an emergency.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We reviewed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which had been reviewed every two years. This gave guidance on areas which included the decontamination of instruments and equipment, hand hygiene and clinical waste management.

The decontamination process was performed in a dedicated decontamination room and we discussed the process with the clinical lead who was also the infection control lead.

Instruments were cleaned manually in a dedicated sink before being further cleaned in an ultrasonic bath (this is designed to clean dental instruments by passing ultrasonic waves through a liquid). Instruments were then inspected under an illuminated magnifier before being sterilised in one of two autoclaves. There was a vacuum autoclave and a non-vacuum autoclave. Instruments were bagged prior to sterilisation if being processed in the vacuum autoclave. If they were processed in the non-vacuum autoclave they were bagged and dated on exit. At the completion of the sterilising process, all instruments were stored in line with national guidance. We saw that the required personal protective equipment was available to be worn throughout the process.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were some records to demonstrate this and that equipment was functioning correctly. However we found that the practice was not carrying out daily steam

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penetration tests on the vacuum autoclave, as required by HTM01-05. This test is performed to ensure that the steam penetration of the cycle is efficient when processing wrapped or hollow loads. With this exception, other records showed that equipment was in good working order and being effectively maintained. Following our inspection the practice manager informed us that they had made arrangements to initiate steam penetration tests on the vacuum autoclave.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and general waste were used and stored in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. We saw the relevant waste consignment notices. (When hazardous waste is moved it must be accompanied by correctly completed paperwork called a consignment note.)

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). They described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in April 2016. Control measures were in place to reduce the risk of legionella in line with the risk assessment which included the monthly monitoring of water temperatures.

We saw that the dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms, the decontamination room and toilet.

Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The practice employed a cleaner to carry out daily cleaning tasks in line with their cleaning schedule. The practice used a colour coding system for cleaning equipment.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in accordance

with the Pressure Vessel Regulations 2000. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing had been carried out in May 2016.

The practice had contracts to ensure equipment was maintained, serviced and tested at the appropriate intervals.

We found that the glucagon which the practice held for emergencies was being stored in the refrigerator. (Glucagon is a hormone which helps to raise blood glucose levels. A glucagon injection kit is used to treat episodes of severe hypoglycemia, where a patient is either unable to treat themselves or treatment by mouth has not been successful). However the temperature of the refrigerator was not being monitored to ensure a temperature of 2-8o C was being maintained. Glucagon can be stored outside of a refrigerator but with a shortened expiry date of 18 months. Following our inspection the practice informed us that they would review the arrangements for the storage of glucagon.

The dentists used the British National Formulary and were aware of the 'yellow card' system to report any adverse patient reactions to medicines to them. They were able to give an example of a report they had made using this process.

There was a system to monitor and track the use of prescriptions within the practice in line with the NHS guidance on security of prescription forms August 2013.

Radiography (X-rays)

We found there was Radiation Protection information in the practice but this was not kept together. The majority of the relevant information and records relating to the X-ray machines and their safe use on the premises was available.

The practice used intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The principal dentist was identified as the radiation protection supervisor (RPS). The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation

Are services safe?

Regulations 1999 (IRR 99) requires that an RPA is available and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff. Following our inspection the practice manager informed us that they had contacted the RPA who was going to attend the practice and review their arrangements.

Records showed the X-ray equipment had been inspected in line with the Ionising Radiation Regulations 1999 (IRR 99) which require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed this had been completed but we did not see evidence that it had been received by the HSE.

The practice used digital X-rays, which allowed the image to be viewed almost immediately. These also relied on lower doses of radiation and therefore reduced the risks to both the patient and staff.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Clinical staff were up to date with radiation training as specified by the General Dental Council.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines in relation to lower wisdom tooth removal and recall intervals. This was reflected in a sample of dental care records we were shown.

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists described and showed us records which confirmed how they carried out their assessment of patients for routine care. This included the patient completing a medical history questionnaire and the medical history being updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer.

Patients were presented with treatment options and we saw evidence of the advantages, disadvantages and costs being explained.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners guidance. A justification, grade of quality and report of the X-ray taken was documented in the dental care record.

Health promotion & prevention

A range of health promotion leaflets and information was available relating to good oral health and hygiene in the waiting room areas of the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwash; these were available in the reception area and could also be ordered through the practice website. There were two televisions in the waiting areas. The practice manager told us they were in the process of installing a system in order to use the televisions for health promotion.

Dentists we spoke with showed a knowledge and understanding of the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. One of the recommendations of this guidance was that children seen at the practice should be offered fluoride varnish application or fluoride toothpaste if they were identified as being at higher risk of tooth decay. Dental care records we were shown demonstrated that this had been considered and provided when appropriate.

We saw that dentists had provided advice on the effects of smoking and diet and their effect on oral health. Patients were signposted to smoking cessation services. The dental care records we reviewed recorded risk assessments for oral cancer, caries (tooth decay) and periodontal disease (gum disease).

Staffing

The practice had five dentists who were able to provide services including the provision of dental implants (a dental implant is a metal post that is placed surgically into the jaw bone to support a tooth), orthodontic treatment (where malpositioned teeth are repositioned to give a better appearance and improved function) and minor oral surgery. They were supported by a hygiene therapist, seven dental nurses, a practice manager, a business development manager and a receptionist. Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). On the day of our inspection we also saw evidence of current professional indemnity cover for all relevant staff.

We found that the practice had provided staff with good access to ongoing training to support their skill level and staff were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dental professionals. However there was not a system to monitor the training needs of staff and we were told it was the responsibility of individual members of staff to ensure they were up to date with required training.

Are services effective?

(for example, treatment is effective)

The records we viewed relating to some members of clinical staff demonstrated they were up to date with their recommended CPD as detailed by the GDC. However training records were not available for all staff on the day of our inspection.

Working with other services

The practice manager explained how they worked with other services. The practice received a large number of referrals as they held NHS contracts for minor oral surgery and orthodontic treatment. There was an effective system for accepting referrals and we saw there was good communication with the referring dental practitioners. There was a full range of outgoing referral services but due to the range of treatments available at the practice there were a limited number of outgoing referrals. We saw there was a fast track system in operation for suspected oral cancer referrals.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) 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. Staff we spoke with demonstrated their understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They also demonstrated their understanding regarding Gillick competence which relates to children under the age of 16 being able to consent to treatment if they are deemed competent. One of the dentists we spoke with explained this in the context of orthodontic treatment.

We found that the dentists had a clear understanding of consent issues and that they explained different treatment options and gave the patient the opportunity to ask questions before gaining consent. The dentists we spoke with were able to describe clearly the process they used to obtain valid and informed consent. This included discussing the options for treatment, as well as alternatives, and the advantages and disadvantages of any particular option. We were given examples of when planned treatment had not gone ahead as the dentist was not satisfied that the patient was able to give valid consent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission (CQC) comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from 12 patients which provided a positive view of the service the practice provided. Patients expressed satisfaction with the quality of care they had received and told us that they were treated with dignity and respect. Staff were described as lovely, friendly and supportive. During the course of our inspection we observed staff interacting with patients and noted that they were welcoming and friendly.

The confidentiality of patients' private information was maintained as computer screens were not visible at reception which ensured patients' confidential information could not be seen. The reception layout was well designed to promote confidentiality and there was a private room available for discussions.

Involvement in decisions about care and treatment

Our discussions with dentists, reviews of dental care records and feedback from patients confirmed that patients were given treatment plans which contained details of treatment options and the associated cost.

There was information displayed in the waiting room on the prices of private and NHS treatments available and included details of the various payment schemes available. This information was also available on the practice's website.

Patients told us that they were involved in decisions relating to their treatment and staff always took enough time to explain and discuss treatment options and implications with them. We were given examples of when planned treatment had not gone ahead as the dentist was not satisfied that the patient understood their treatment options and postponed the consultation until a translation service was available. Dentists told us they used models to explain things to children in a way they could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we toured the premises and found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We looked at the variety of information available to patients. We saw that the practice waiting area displayed a range of information. This included details about the services offered by the practice, information about how to make a complaint and the cost of treatments. The practice's website also contained comprehensive information for patients about different types of treatments available at the practice.

We found that the appointment system allowed sufficient time for each type of appointment to allow for adequate assessment and discussion of patients' needs. This was also reflected in patient feedback.

Patients commented that they had always been able to get appointments easily and did not usually have to wait to be seen beyond their appointment time.

Tackling inequity and promoting equality

Practice staff we spoke with told us they treated patients equally but at the same time were aware of the need to accommodate their individual needs.

The practice had made some adjustments to enable patients to access their services. The practice manager told us they were able to access a translation service to support patients whose first language was not English. The practice had a hearing loop to assist hearing aid users.

The practice could accommodate patients with restricted mobility. There were automatic doors to access the practice and all patient facilities were on the ground floor. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair. There were also disabled parking spaces in the car park. The design of the reception area enabled the receptionist to see patients approaching the entrance and they told us they would offer any extra assistance if required.

The practice operated a reminder service for patients for their appointments. Patients told us they received a phone call the day before their appointment.

Access to the service

The practice was open from 8.30am to 5.15pm on Mondays to Thursdays and from 8.30am to 4.30pm on Fridays. When the practice was closed patients were advised to ring the mobile number of the dentist or alternatively to contact the NHS 111 service to give advice in case of a dental emergency. This information was publicised through the telephone answering service when the practice was closed.

The practice told us they would arrange to see a patient on the same day if they were in pain or it was considered urgent. Patients commented that the practice was always flexible and they had been seen promptly when their need was more urgent.

Concerns & complaints

The practice had an effective system for handling complaints and concerns.

There was a complaints policy which had last been reviewed in May 2016. This was in line with recognised guidance and contractual obligations for dentists in England. However some of the information was out of date.

We saw that there was some information available to help patients understand the complaints system. This was available in the reception area. There was no complaints information available on the practice's website.

There had been one written complaint received in the last 12 months. We found this had been satisfactorily handled in a timely way. We saw that there was learning identified from the complaint and complaints had been discussed at staff meetings in order to disseminate any learning points. The practice also recorded negative feedback submitted on the NHS choices website and reviewed them to identify any learning points.

Are services well-led?

Our findings

Governance arrangements

There was a governance framework which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies were available to all staff which had been regularly updated. We reviewed policies which included those relating to infection control, health and safety, complaints and safeguarding children and vulnerable adults.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The leadership team within the practice consisted of the principal dentist, the practice manager, the business manager and the clinical lead. Staff told us they would not hesitate to raise concerns and felt they would be listened to and supported if they did so.

Staff we spoke with were aware of the principles of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of regular staff meetings which staff were engaged in. The meetings had standard agenda items, were minuted and available for staff unable to attend.

Learning and improvement

The clinical lead was also the audit lead and in the last year, the practice had undertaken audits in order to monitor quality and to drive improvements. We saw that infection control audits had been completed regularly, the last ones being in March and September 2016 and an action plan had been implemented in response.

We saw that regular X-ray audits and clinical record keeping audits had been completed which were not practitioner specific but the findings were positive overall. Following our inspection the practice manager informed us that going forward the audits would be practitioner specific.

There were a variety of other audits including an endodontic success rate audit and a waiting time audit. The latter had identified that oral surgery over ran more regularly than other surgeries and as a result changes were implemented such as the appointments were lengthened and an improved triage system introduced. We saw evidence that the results of audits had been distributed and discussed at practice meetings.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of online training, staff meetings and attendance on external courses. Staff was supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We were not able to ascertain if clinical staff were up to date with the recommended CPD requirements of the GDC on the day of our inspection as not all staff CPD files were available. The practice manager sent us evidence of a training matrix they had introduced to monitor staff training.

We saw evidence of appraisals in staff recruitment files which included personal development plans.

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

The practice received ongoing feedback from patients by means of a feedback book which was available in reception. Feedback could also be made by following links on the practice website to complete them. The practice also monitored the feedback on the NHS choices website and responded to or acted on comments made on this forum. Complaints received were also used as a means of gaining feedback from patients and making improvements to the service as a result of them.

The minutes of practice meetings demonstrated that staff were able to raise issues for discussion and staff told us these were acted upon.