Alverna House Dental Practice Ltd

Alverna House Dental Practice

Inspection Report

45 Blackbrook Road
St Helens
Merseyside
WA11 9QA
Tel:01744 739600
Website:www.alvernahouse.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 29 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Alverna House Dental Practice offers mainly (95%) NHS dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has four treatment rooms, two waiting areas and a decontamination suite. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. The principal dentist is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one full time dentist who is in their first (foundation) year of practice.

The practice has four dentists, a dental therapist, six qualified dental nurses and two trainee dental nurses; in addition to an office/reception manager. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

The practice is open Monday to Thursday from 9.00am until 5.30pm and on Friday from 8.30am until 4.30pm.

We viewed 13 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with five patients on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was positive about the care they received from the practice. They commented that staff put them at ease and listened to their concerns and that they had confidence in the dental services provided.

Our key findings were:

- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies
- Staff were supported to maintain their continuing professional development (CPD), had undertaken training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients commented they felt involved in their treatment and that it was fully explained to them. We reviewed 13 CQC comment cards that had been completed by patients. Common themes were patients felt they received very good care in a clean environment from a helpful practice team.
- The practice had an efficient appointment system in place to respond to patients' needs. Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had well developed and effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- The practice had an accessible and visible leadership team with clear means of sharing information with staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

Are services effective?

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health. Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

There was an effective appraisal system in place which was used to identify staff training and development needs. Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

Are services caring?

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

We reviewed 13 completed CQC comments cards and spoke with five patients on the day of the inspection. Comments were overwhelmingly positive about how they were treated by staff at the practice and were in keeping with the results of the practice's patient survey findings. Patients commented they felt involved in their treatment and that it was fully explained to them

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a text reminder system in place. Patients who commented on this service reported this as helpful.

Summary of findings

The practice audited the suitability of the premises and had made adjustments, for example, to accommodate patients with a visual impairment or mobility difficulties. There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients.

Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had an accessible and visible leadership team with structured arrangements for sharing information across the dental team, including holding regular meetings which were documented for those staff unable to attend.

The practice had systems in place to seek and act upon feedback from patients using the service. These included inviting patients to complete a brief survey following their visit to the practice. The principal dentist told us this provided them with ongoing feedback of 60-70 responses per month which were analysed, discussed and acted upon.

Alverna House Dental Practice

Detailed findings

Background to this inspection

This inspection took place on the 29 September 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with practice staff including, the principal dentist, the dental therapist, the head dental nurse and the office/ reception 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.

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 in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors. The practice maintained significant event folders in each treatment room which included a detailed description, the learning that had taken place and the actions taken by the practice as a result. Records showed that accidents and significant events were discussed and learning shared at practice, clinical and management meetings.

The principal dentist told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the St Helens area.

The principal dentist was the safeguarding lead professional in the practice and all dentists had undertaken safeguarding training in the last 12 months. Dental nurses received safeguarding training as part of their five year cycle of continuing professional development (CPD). Staff we spoke with told us they were confident about raising any concerns.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment 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.

Medical emergencies

The practice had a medical emergency protocol 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). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients in the treatment and waiting areas. Emergency medicines were stored in boxes according to medical conditions, for example asthma, with clear instructions about how to manage specific emergencies.

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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency

resuscitation and basic life support as a team within the last 12 months. The dental team practiced specific medical emergency scenarios to support them to respond quickly to medical emergencies and to practise using equipment.

Three members of staff were trained in first aid and first aid boxes were available on both the ground and first floor.

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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. Records confirmed these checks were in place. We looked at the files of two members of staff who had joined the practice in the last 12 months and found they contained appropriate recruitment documentation.

Newly employed staff had a four week induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the office manager, head nurse or principal dentist to ensure they felt supported to carry out their role.

The practice had a system in place for monitoring that staff had up to date medical indemnity insurance and professional registration 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. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire, lone working and patient safety. Records showed that fire detection and fire-fighting equipment such as fire alarms, smoke detectors, emergency lighting and fire extinguishers were regularly tested. Fire drills were carried out every six months and staff told us how they effectively used the evacuation procedures when a fire had broken out. The practice had carried out a staff fire awareness audit in 2015 to check how confident staff were with the fire procedures. The audit showed 60% of staff had excellent and 40% had good knowledge of the procedures. Following the audit staff received further fire training at a staff meeting to address any concerns they had. A further audit is scheduled in six months' time.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment. They identified significant hazards and the controls or actions taken to manage the risks. The risk assessments were reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events. Staff we spoke with told us they had used the plan effectively to manage the loss of the practice's telephone line.

Infection control

The head nurse was the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

Are services safe?

We looked around the premises during the inspection and found the treatment rooms and the decontamination suite appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Decontamination procedures were carried out in a dedicated decontamination suite which consisted of two adjoining rooms. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment room and the decontamination suite which minimised the risk of the spread of infection.

The head nurse showed us the procedures involved in rinsing dirty instruments; and in inspecting, cleaning, sterilising, packaging and storing clean instruments. The practice routinely used a washer-disinfectant machine to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in one of three autoclaves (sterilising machines). Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages. Sterilised instruments were then placed in sealed pouches with a use by date.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed risk assessments for Legionella were carried out by an external company every three years and by the principal dentist annually. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month.

The head nurse helped to ensure staff had the right knowledge and skills to maintain hygiene standards. Records showed they carried out staff observations at least every three months, for example regarding hand washing and the correct disposal of clinical waste and provided staff with on-going training.

The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) was completed every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed a decontamination audit was carried out in August 2015. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a detailed record of stock in each treatment room.

Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

Are services safe?

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in 2015 confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. Two dental nurses were receiving advanced training in radiology to support their role.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed the information recorded in five patient records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment. For example 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 need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Medical history checks were updated at every visit and electronic records we looked at confirmed this. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

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' (This 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 applications for children, high concentrated fluoride toothpaste and oral health advice were provided. Patients were referred to the practice's dental therapist as required.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. For example, we saw practice information leaflets regarding how smoking can affect oral health and the support available to stop smoking including the contact details of local smoking cessation services.

The practice provided health promotion information to support patients look after their general health using leaflets, posters and via their noticeboard televisions, which were situated in both waiting rooms. This included making patients aware of the early detection of oral cancer. Patients we spoke with told us they found the noticeboard televisions most informative.

Staffing

The practice team consisted of four dentists, a dental therapist, six qualified dental nurses and two trainee dental nurses; in addition to an office/reception manager. The principal dentist and office manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The office manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. Two dental nurses were receiving advanced training to carry out additional duties in radiography; and the head dental nurse was trained to undertake the lead role in infection prevention and control. New staff to the practice, for example trainee dental nurses and dentists completing their foundation year, had a period of induction to familiarise themselves with the way the practice ran.

Dental nurses received day to day supervision from dentists and support from the head nurse and office manager. The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental

Are services effective?

(for example, treatment is effective)

practices. The principal dentist is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one full time dentist who is in their first (foundation) year of practice.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was an effective appraisal system in place which was used to identify training and development needs. Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. The principal dentist told us they had good access to urgent dental care services and could make telephone contact initially with the specialist service to ensure patients were seen quickly.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice used their IT system to create daily tasks which supported them to complete referrals in a timely manner and to check the progress of urgent referrals. This also provided information which could be used as part of their on-going programme of record keeping audits.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff described the role family members and carers might have in supporting the patient to understand and make decisions and how this was recorded in the patient's dental care record.

The dentist we spoke with was also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed a random sample of five dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed that they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 13 completed CQC comments cards and spoke with five patients on the day of the inspection. Comments were overwhelmingly positive about how they were treated by staff at the practice and were in keeping with the results of the practice's patient survey findings. Patients commented that they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful and discreet to patients on the telephone.

The principal dentist told us they would act upon any concerns raised by patients regarding their experience of attending the practice. For example, they had received one negative comment on NHS choices regarding reception staff and had provided additional support and training for staff to carry out this role.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

The ground floor waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. Background music was played in the first floor waiting area to ensure confidentiality was maintained in the treatment rooms on that floor. All treatment room doors remained closed during consultations.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet, newsletter and on their website. The services provided include preventative advice and treatment and routine and restorative dental care**.**

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

Patients booked in when arriving at reception using an electronic clinipad and their consultation time was also recorded by the dentist in the treatment room. This provided the practice with information regarding how long patients waited in the waiting room. The practice audited this and had made improvements to ensure patients were seen as quickly as possible. The most recent audit showed patients who were not seen on time waited on average nine minutes beyond their appointment time.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and provided training to support staff in understanding and meeting the needs of patients. The practice audited the suitability of the premises and had made adjustments, for example, to accommodate patients with a visual impairment by painting the door frames a colour which made them more visible. The practice had an audio loop system for patients with a hearing impairment and staff showed us a guidance sheet with contact details for an interpreter service for patients with English as a second language.

Dental care records included alerts about the type of assistance patients required. Staff told us they ensured patients who were unable to use the stairs were treated in the downstairs treatment room. There were disabled parking spaces, disabled toilet facilities on the ground floor, a wheelchair access ramp into the reception area and a large downstairs treatment room suitable for wheelchairs and pushchairs.

Access to the service

The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. Opening hours were Monday to Thursday from 9.00am until 5.30pm and on Friday from 8.30am until 4.30pm.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. CQC comment cards reflected patients felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients and sending text message reminders. Patients we spoke with told us this was very helpful.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the office manager to ensure these were responded to.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the practice and in the practice information leaflet.

The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had 'expert' membership of the British Dental Association (BDA). The BDA is a national professional association for dentists. This provided access to practice management resources and support. The principal dentist was registered with the Care Quality Commission to manage the service. (Registered providers 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 office manager, principal dentist and head nurse shared the day to day running of the service. They took lead roles relating to the individual aspects of governance such as complaints, equipment maintenance, risk management and audits within the practice. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us that there was an open culture within the practice which encouraged candour and honesty. There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. The principal dentist told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were structured arrangements for sharing information across the dental team, including holding regular meetings which were documented for those staff unable to attend. These included monthly practice meetings for the whole team and dentists meetings. Management meetings occurred at least monthly or more often as needed. Nursing staff scheduled meetings as required.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, waiting times, X-rays, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings. There was evidence of repeat audits to monitor that improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included inviting patients to complete a brief survey following their visit to the practice. The principal dentist told us this provided them with on-going feedback of 60-70 responses per month which were analysed, discussed and acted upon. For example, the minutes of the September dentist meeting included the results of the August survey results

Are services well-led?

and a discussion regarding patient waiting times. The principal dentist told us they planned to provide patients with feedback to illustrate what changes they had made as a result of their comments.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. The practice carried out an annual staff survey to encourage staff to provide feedback about working in the practice including for example, what opportunities staff had to use their initiative and for personal growth and development.