Highland View Dental Surgery

Highland View Dental Surgery Leigh

Inspection Report

1809 London Road
Leigh on Sea
Essex
SS9 2ST
Tel:01702 553535
Website: www.highlandview.co.uk

Date of inspection visit: 22 September 2015
Date of publication: 10/12/2015

Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection on 22 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?

Summary of findings

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

Background

Highlands View Dental Surgery offers private dental care services to patients of all ages. The practice is located in Leigh on Sea in Essex. The premises are situated on the ground floor of an adapted residential building. The services provided include preventative advice and treatment, routine restorative and cosmetic dental care. The practice is a specialist referral service and provides periodontic, endodontic and orthodontic treatments and treatment under sedation including dental implants and a range of oral surgery treatments.

The practice is managed by two dentist partners. One of the dentists 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. The dental practice employs a practice manager, two receptionists and four dental nurses.

The practice is open between 8 am and 5pm on Mondays to Fridays.

We spoke with four patients who used the service on the day of inspection and reviewed 45 completed CQC comment cards. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that staff were professional and helpful. They said that they could access appointments that suited them and they were given sufficient time to discuss their treatment. Patients commented very positively about the services they received, They told us that dentists explained treatments in a way that they could understand, listened to them and were caring and kind. A number of patients who completed comment cards said that they had recommended the dental practice to their friends and families.

Our key findings were:

- The practice had procedures and reporting forms reporting significant and safety events. We were told that no significant events had been reported within the previous 12 months. Staff told us that in the event these would be fully investigated and learning would be shared with staff and monitored to help improve patient safety.
- There were systems in place to reduce the risk and spread of infection. We found that all treatment rooms and equipment appeared clean. Dental instruments were cleaned and sterilised in line with current guidance.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice had safeguarding policies and procedures in place. Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation. The dentists were proactive and acted on changes in guidance and to ensure that these were incorporated in the practice policies and procedures and imbedded into practice.
- The practice supported staff training and development and ensured they maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment were readily available and checked regularly so that they were fit for use.
- Patients received clear explanations about their proposed treatment, costs, intended benefits and potential risks. Patients we spoke with and those who completed comment cards told us that they were involved in making decisions about their dental care and treatment.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had procedures for handling and responding to complaints and the practice was open and transparent with patients and offered a suitable apology if a mistake had been made.

Summary of findings

- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were routinely held to help share information and learning.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.

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. Safety information was available and shared with all staff. There were arrangements in place to manage and learn from significant events and other safety events. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice's policies and procedures. Staff were trained to recognise and report concerns about patient's safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies. Emergency medicines and equipment was available and staff had annual life support training. Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE) and The Society for the Advancement of Anaesthesia in Dentistry (SAAD). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Patient records were detailed and included details of risks, symptoms of conditions such as mouth cancers and advice about alcohol and tobacco consumption. The practice was using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent. We saw that patients were provided with a detailed treatment plan, which described in detail the nature of the proposed treatments, its intended benefits, potential risks, aftercare and maintenance. The cost of treatment and aftercare was clearly described.

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

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

Are services caring?

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

Summary of findings

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

Are services responsive to people's needs?

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

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

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

The dental practice was well managed with clearly defined staff roles and responsibilities. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

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

Highland View Dental Surgery Leigh

Detailed findings

Background to this inspection

This announced inspection was carried out on 22 September 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

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.

Prior to the inspection we reviewed information we held about the provider.

During the inspection we viewed the premises, spoke with one dentist, the practice manager and three dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service. We also looked at a sample of patient records.

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 objectives and a record of any complaints received in the last 12 months.

We obtained the views of 45 patients who had filled in CQC comment cards and we spoke with four patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had reporting forms for recording safety and other significant events. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists. We were told that there had been no safety events reported within the previous 12 months. We looked at the practice accident records and found that accidents relating to staff or patients were recorded appropriately and learning shared with the practice team.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received in a dedicated email address and actioned by the principal dentist. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice.

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Staff we spoke with were aware of these reporting systems. No incidents had been reported in the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and / or abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training to an appropriate level and those we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us that they were asked to complete a medical history when they made their first appointment and that these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any current health or medical condition, underlying allergy, or patient's reaction to anaesthetic.

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 policies and procedures in place to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment. 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.

Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. Staff had undertaken intermediate life support training and could describe how they would act in the event of a patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines were available to treat asthma, epileptic seizure, angina and anaphylaxis (severe allergic reaction). Oxygen and an Automated External Defibrillator (AED) were available 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). This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms. Medicines to reverse the effects of conscious sedation were available if required and staff were aware of their use. Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Medicines we saw were within their expiry date.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at files for three staff who had been employed within the previous 15 months and found that this process had been followed

Are services safe?

consistently. We saw that all of the required checks including, proof of identity and security checks through the Disclosure and Barring Service and employment references had been sought and obtained. Staff had been interviewed to further assess their suitability to work at the practice.

Checks were made to ensure that where appropriate staff were qualified and registered with the General Dental Council GDC. Staff files included copies of current registration certificates and personal indemnity insurance. (Insurance, health professionals are required to have in place to cover their working practice). We saw that staff had detailed job descriptions, which described their roles and responsibilities.

The practice manager told us that all new staff undertook a period of induction when they first commenced their employment. We checked staff files and found that the induction process was specific to each person's roles and responsibilities. The trainee dental nurse had a detailed induction programme, which included a process for assessing competencies in relation to their responsibilities.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. These included procedures for identifying and managing risks associated with sedation, infection control, medicines, premises and equipment.

The practice provided treatments under conscious sedation where appropriate for anxious and nervous patients. There were procedures in place for staff to follow and they had undertaken training to monitor patients and to safely support them during and after their treatment under sedation. These procedures were carried out in line with The Society for the Advancement of Anaesthesia in Dentistry (SAAD) guidelines.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example cleaning materials and chemicals used within the dentistry processes. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice did not have a written business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Such plans describe staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. The dentist told us that in the event that staff and patients could not access the premises that patients would be offered appointments at their other dental surgery in Hornchurch, Essex. The practice manager said that a plan would be developed and made available to all staff.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were fully aware of and following the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

All areas of the practice were visibly clean and tidy. Patients we spoke with and those who completed comment cards told us that the practice was always clean. There were cleaning schedules in place for cleaning the premises and equipment. Cleaning records were maintained and these were checked regularly to ensure that cleaning was effective.

Staff were provided with personal protective equipment such as gloves, face masks and eye protection in line with the practice policy. Records showed that all clinical staff underwent screening for Hepatitis B were vaccinated and had proof of immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did

not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. Staff demonstrated that they cleaned dental instruments manually and in an ultrasonic bath and checked them before they were sterilised in the steam autoclave This type of autoclave was designed to sterilise wrapped or solid instruments. All sterilised dental instruments were stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health HTM01-05.

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

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor in 2014 and an action plan identified some areas for improvement. We saw that all identified actions had been completed. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

Dental waste was segregated, stored and disposed of in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines. This helped to minimise the risks of needle stick injuries and the risks of blood borne infections to both patients and staff. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice had procedures in place for the safe management of medicines and equipment. Regular visual checks and annual Portable Appliance Tests (PAT) were carried out for electrical appliances to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the management and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. Medicines for routine dental treatment and emergency medicines were regularly checked to ensure that they were in date. All medicines we saw were within their within their expiry dates. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The principal dentist confirmed that that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary, and visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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 all surgeries and within the radiation protection folder for staff to reference if needed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out at least every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

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. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC) guidelines. These assessments included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. The dentist used NICE guidance to determine a suitable recall interval for the patients taking into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed with one of the dentists the information recorded in 10 patient care records regarding the oral health assessments, treatment and advice given to patients. The dentist told us that all new patients had a consultation appointment of at least 30 minutes so that a thorough examination and explanation of proposed treatments could be carried out. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums. Records included risks or signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by the dentist every time a patient attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Records showed oral health status, diagnosis was discussed with the patient and treatment options explained. Patients were given a copy of their detailed treatment plan, including costs. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received in the 45 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 systems in place for monitoring and promoting patient's oral health. Patient records we viewed demonstrated that they were provided with advice about maintaining good oral and dental health including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. The dentist we spoke with were aware of and using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The dentist provided advice and guidance about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The dentists were aware of the training their staff had completed even if this had been done in their own time. Regular training sessions and on-line training was available to all staff according to their roles and responsibilities.

The practice had a system for appraising staff performance from which personal development plans were implemented. The records showed that appraisals had not taken place within the previous twelve months. We saw that staff appraisals were planned for later in the year. Staff we spoke with told us that they were supported to develop their skills and to keep up to date with the requirements of their professional registrations. All staff spoke very positively about the supportive environment within the workplace, the time support offered by the dentists.

Are services effective?

(for example, treatment is effective)

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

Working with other services

Highlands View Dental Surgery provided dental treatments under conscious sedation where this was appropriate for anxious patients. The practice also carried out a range of dental treatments including oral surgery and dental implants. The dental practice treated a high number of patients referred by other dentists. We saw records that showed following treatments a detailed record was sent back to the patient's own dentist.

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment for complex oral surgery. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. Patient records we viewed showed that appropriate information was provided when patients were referred to other services and that information received following treatments provided was reviewed and acted on where required.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to treatment and staff were aware of and followed these. The dentist told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of 10 patient records and saw discussions about treatment and patients consent was recorded in detail. Patients were provided with a written treatment plan for every treatment. These included information about the cost, time commitment of their treatment, aftercare and ongoing maintenance, any follow up care and treatments. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

Staff spoken with on the day of the inspection had a good understanding of the requirements of the Mental Capacity Act 2005 and they had access to policies and procedures to support them. Patients told us they always felt fully informed about their treatment and aftercare. They said that they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with four patients about their care and treatment; we also reviewed 45 comment cards. All patients commented positively about dentists, dental nurses and reception staff. They described staff as professional, friendly, understanding and caring. Patients told us they felt listened to by all staff. A number of patients who completed comment cards told us that dentists and dental nurses were gentle and understanding, particularly when treating children and nervous or anxious patients.

We observed the receptionist interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients. We observed that nurses greeted and escorted patients from the waiting area into the dental surgery.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Patient records were held securely.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available in information leaflets, in detailed treatment plans and on the practice website.

Patients commented they felt involved in their treatment and it was fully explained to them. We looked at a sample of patient records and saw that these included a detailed summary of treatment and explanations given to patients.

Staff we spoke with a very good understanding of the Mental Capacity Act (MCA) 2005 and their responsibilities when providing care and treatment to patients who did not have capacity to make decisions. This Act helps to ensure that where people lack capacity to make decisions that any made on their behalf are done so in their best interests.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The principal dentist was aware of the needs of the local population and aimed to deliver a flexible service to meet these needs. They told us that the practice provided specialist dental treatments and received a high number of referrals for oral surgical procedures including dental implants and treatments under conscious sedation.

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment, routine and specialist cosmetic and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen on the day and a number of patients who completed comment cards confirmed this.

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

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. A number of patients who completed comment cards confirmed this. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice was located on the ground in an adapted residential building. The practice had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available. The reception area was large and furnished with a range of seating options. Disabled access toilets were available.

Access to the service

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments in the 45 comment cards we received, patients we spoke with and the results of the practice patient survey. Staff told us that where treatment was urgent patients would be seen on the same day, where possible.

Appointments were available between 8am and 5pm on Mondays to Fridays. Same day appointments were available for emergency dental treatments where this was possible.

The practice operated an on call system. Patients who contacted the dental practice outside of its opening hours had access to advice and emergency treatment if required from one of the dentists. They were also provided with information on how to contact NHS 111 services. Patients we spoke with and those who completed CQC comment cards said felt they had good access to routine and urgent dental care.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was available in a leaflet.

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 two written complaint within the last 12 months which had been responded to in accordance with their policy. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from records seen that the practice

Are services responsive to people's needs?

(for example, to feedback?)

had been open and transparent and where action was required it had been taken. The principal dentist told us that verbal complaints were resolved immediately where appropriate or escalated for investigation in line with the practice complaint policies and procedures. Patients we spoke with and those who completed comment cards expressed a high degree of satisfaction with the service, care and treatment that they received.

Are services well-led?

Our findings

Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. The practice had a number of policies and procedures in place which underpinned staff practices. The practice had systems in place for monitoring and managing risks to staff and patients. Risks associated with dental treatments including sedation, risks of infection, and those associated with premises and fire were regularly reviewed and monitored to help keep patients and staff safe.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of infection control procedures, record keeping and X-rays. Lead roles, for example in radiography and safeguarding, supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken.

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

There was a full range of policies and procedures in use at the practice, which were kept under review and amended to reflect any changes in current guidance and legislation relating to dentistry. These included health and safety, infection prevention and control and patient confidentiality. Staff were able to demonstrate that they understood and followed the practice policies and procedures.

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed. The dental nurses who we spoke with told us they had good support to carry out their individual roles within the practice.

The dentists and practice manager provided clearly defined leadership roles within the practice. Regular staff meetings were held and recorded. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists. We looked at a sample of records from practice meetings. We saw that information was shared in an open and transparent way.

Management lead through learning and improvement

The practice had arrangements for improving the service through learning. Staff told us they had good access to training and personal development. The principal dentist monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support, safeguarding and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff told us that the practice manager was supportive and assisted staff in accessing relevant training.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in 2015 showed a high level of satisfaction with the quality of service provided. Over 95% of patients expressed a high level of satisfaction with the services, care and treatment that they received. The practice reviewed

Are services well-led?

the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff we spoke with told us their views were sought informally and also formally during practice meetings. They told us their views were listened to, ideas adopted and that they felt part of a team.