

## Chu & Tsao Dental Group

# Chu & Tsao Dental Group – Church Road

### Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 30 March 2017 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**

Chu & Tsao Dental Group-Church Road is located in a residential suburb of Liverpool. It comprises a reception and waiting room, two treatment rooms and patient toilet facilities on the ground floor, and a further waiting room and two treatment rooms on the first floor. Parking is available outside the practice. The practice is accessible to patients with disabilities and limited mobility. Access is possible for wheelchair users. The provider has installed a ramp to facilitate access to the practice.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Friday 9.00am to 5.00pm, and Saturday 9.00am to 1.00pm. The practice is staffed by a principal dentist, a practice manager, six associate dentists, a dental therapist, four dental nurses, two receptionists, and two apprentice dental nurses.

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 providers, they are 'registered persons'.

# Summary of findings

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.

We received feedback from 49 people during the inspection about the services provided. Patients commented that they found the practice excellent, and that staff were friendly, and caring and went out of their way to fit them in in an emergency. They said the dentists listened to them, that they were always given helpful explanations about dental treatment options, and that dental treatments were excellent. Patients commented that the practice was clean and comfortable. Two patients commented it was in need of a re-furbishment. Two patients mentioned they had experienced long delays to appointments.

## **Our key findings were:**

- Staff had received safeguarding training, and knew the processes to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean and secure.
- Guidelines were in place for decontaminating and sterilising instruments.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and arrangements were in place for patients to be seen in an emergency.
- Services were planned and delivered to meet the needs of patients.
- The practice gathered and took account of the views of patients.
- Staff were supervised, felt involved, and worked together as a team.
- Governance arrangements were in place for the smooth running of the practice.
- The practice had procedures in place to record, analyse and learn from significant events and incidents but not all incidents were recorded.

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

- Review the practice's system for the recording of significant events.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health having due regard to guidelines issued by the Department of Health in 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review staff awareness of Gillick competency and the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities in relation to their role.
- Review the complaints procedure to ensure details of alternative organisations to which patients can complain are readily available.

# 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 provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control and dental radiography, and for investigating and learning from complaints.

Staff were appropriately recruited, suitably trained and skilled.

The practice had emergency medicines and equipment available. Staff were trained in responding to medical emergencies.

We found the equipment used in the practice was well maintained and tested at regular intervals.

The premises were secure and well maintained. The practice was cleaned regularly.

There was guidance for staff on the decontamination of dental instruments.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

The provider had systems in place for investigating significant events but these were not always recorded appropriately.

No action



### Are services effective?

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

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists carried out an assessment of the patient's dental health and monitored changes in it. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided but staff were not all clear on obtaining consent from children or under the Mental Capacity Act 2005.

Staff provided oral health advice to patients but were not all clear about guidance in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Patients were referred to other services, where necessary, in a timely manner.

Staff were registered with their professional regulator, the General Dental Council. The provider did not monitor training to ensure staff were supported in meeting the requirements of their registration.

No action



### Are services caring?

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

No action



# Summary of findings

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

## Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences. The practice did not have dedicated emergency appointments but made every effort to see patients on the same day. The practice opening hours and the 'out of hours' appointment information was clearly displayed.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place. Staff were prompted to be aware of patients' specific needs or medical conditions.

The practice had a complaints procedure available in the waiting room, which was not sufficiently detailed. Complaints were thoroughly investigated and responded to appropriately.

No action



## Are services well-led?

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

The provider had effective systems and processes in place for monitoring and improving services.

The practice had a management structure in place, and some of the staff had lead roles. Staff reported that the provider and manager were approachable and helpful, and took account of their views.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, learning from complaints, audits, and patient feedback. We saw clear evidence that this information was driving improvements in the practice.

No action



## Summary of findings

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

# Chu & Tsao Dental Group – Church Road

## Detailed findings

### Background to this inspection

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

The inspection took place on 30 March 2017 and was led by a CQC Inspector assisted by a second CQC Inspector.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

We informed the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

During the inspection we spoke to the practice manager, two dentists, dental nurses and receptionists. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 provider had systems and processes in place to ensure care and treatment were carried out safely.

We reviewed the practice's procedures for reporting and learning from significant events, accidents and incidents. No significant events had been reported although staff described some to us which had not been recorded, for example, a leak in one of the treatment rooms.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs, and in accordance with the statutory duty, are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff. Clinicians discussed examples of recent alerts with us. We saw that copies of alerts were retained and actions taken in response to them were recorded.

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

We saw that the practice had systems, processes and practices in place to keep people safe and safeguard them from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults which provided clear guidance for staff. One of the staff had a lead role for safeguarding and provided advice and support to staff where required. The local authority's safeguarding contact details for reporting

concerns and suspected abuse to were displayed for easy reference. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns.

The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment.

### Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support and this was updated annually. Staff practiced together regularly as a team in simulated emergency situations. One of the staff was trained in the provision of first aid.

The practice had emergency medicines and equipment available, including an automated external defibrillator (AED), in accordance with the British National Formulary and the Resuscitation Council UK guidance. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

We saw records to show that the medicines were checked regularly to ensure they had not exceeded their expiry dates and equipment was checked regularly to ensure correct functioning.

The practice stored emergency medicines and equipment centrally and staff were aware of where these were located.

### Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental therapist and dental nurses, to deliver care in the best possible way for patients.

The practice had recruitment procedures in place which largely reflected the requirements of current legislation. The provider did not request a Disclosure and Barring

# Are services safe?

Service, (DBS), check for new staff as part of this policy but had carried out a risk assessment in relation to this. The practice manager assured us DBS checks would be carried out for new staff.

The provider maintained recruitment records for each member of staff. We reviewed some of these records and saw most of the required information was present, including, where relevant, evidence of the following; qualifications, registration with their professional body the General Dental Council and photographic identification. Records also included evidence of indemnity insurance.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had a comprehensive induction programme in place to familiarise new staff with practice policies and procedures, for example health and safety and patient confidentiality requirements. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

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

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice.

The practice environment showed signs of deterioration. We observed a number of potential trip hazards in the practice, for example, trailing wires and damaged flooring. Following the inspection the practice manager submitted evidence that the wires had been removed. The provider had a plan in place to carry out a complete re-furbishment of the practice and this was divided into action plans for each year. We observed that most actions had been completed for 2016, except for the flooring issues which were planned to be addressed along with a number of other issues during 2017.

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of products used at the practice, for example dental materials and cleaning products. Records included the manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures

had been implemented to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients and the display of safety signs. We observed that cleaning chemicals were not stored securely. Following the inspection the practice manager submitted evidence that this cupboard would be kept locked.

We saw the provider had carried out a sharps risk assessment and implemented some measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of most sharps. The provider had implemented a safer sharps system for the control of used needles but not all clinicians were using it and this was not reflected in the sharps policy. Following the inspection the practice manager submitted the updated sharps risk assessment and policy. Sharps containers were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and described the action they would take should they sustain an injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. The evacuation procedure to be followed in the event of a fire was displayed and staff were familiar with it.

## **Infection control**

The practice had an overarching infection prevention and control policy in place, underpinned by policies and



# Are services safe?

procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

Two staff undertook lead roles for infection prevention and control and provided guidance to staff where required.

Staff undertook infection prevention and control audits six monthly. Actions were identified in the audits, and we saw that these had been carried out.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination.

We observed the decontamination process and found it to be largely in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05). Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising and packaging of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that the packaged instruments were stored in the decontamination room and treatment rooms. The packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health. We inspected four of the packaged instruments under the magnifying inspection light and noticed dried debris adhering to them. The practice manager said this would be addressed immediately and submitted evidence identifying this as a training issue which had now been addressed.

Staff showed us the systems in place to ensure the decontamination process was tested, and

decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

Staff changing facilities were available.

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment every two years in accordance with current guidelines. Actions to reduce the likelihood of Legionella developing were identified in the assessment and staff had carried these out, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The practice followed current HTM 01-05 guidance on cleaning. Cleaning equipment was stored appropriately.

Staff segregated and disposed of dental waste in accordance with current guidelines issued by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

## Equipment and medicines

We saw that the provider had systems and processes in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the system for the prescribing, storage, and stock control of medicines.

# Are services safe?

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor, the X-ray machines and the electrical appliances.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely and maintaining records for monitoring and tracking their use. Private prescriptions were printed out when required following assessment of the patient.

## **Radiography (X-rays)**

We saw the provider was acting largely in compliance with the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000, current guidelines from the Faculty of General Dental Practitioners (UK) of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the relevant information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

The practice used digital radiography which assists in reducing patient exposure to X-rays.

We observed that local rules were displayed in areas where X-rays were carried out. These did not all reflect the specific circumstances of and working instructions for each treatment room. Following the inspection the practice manager submitted the updated local rules.

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with General Dental Council recommendations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out assessments, and treatment in line with current guidance and standards, including the National Institute for Health and Care Excellence, (NICE), guidelines, Faculty of General Dental Practitioners (UK) guidelines, and General Dental Council standards. Patients completed a medical history form with details of their health which enabled clinicians to identify and address specific oral health needs. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. We checked dental care records to confirm what was described to us.

We saw that the dentist used current guidelines issued by NICE Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

### Health promotion and prevention

We saw that some but not all clinicians adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Some of the clinicians were not aware of this publication.

Clinicians gave preventive dental advice, and information on diet and lifestyle to patients to improve their health outcomes. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation advice.

### Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out duties at the practice unsupervised.

The provider carried out staff appraisals regularly. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental

professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

The GDC highly recommends certain subjects for CPD, such as medical emergencies, disinfection and decontamination, and radiography and radiation protection. The provider did not monitor training to ensure essential training was completed each year, for example, the provider had not verified the highly recommended training, such as medical emergencies, had been completed by all dentists. We reviewed a number of staff records and found these contained a variety of CPD.

Staff told us they had access to training and some training was provided to the whole team, for example, infection control training.

### Working with other services

We reviewed the practice's arrangements for working with other health professionals.

Clinicians referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice, not within their competencies, or in response to patient preference.

Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were reviewed by the dentist to see if action was required, then stored in the patient's dental care records.

### Consent to care and treatment

The clinicians described how they obtained valid, informed, consent from patients by explaining their findings to them. These discussions were supported with treatment and cost information for patients in a variety of formats, for example leaflets, visual displays and demonstrations.

Patients were given a treatment plan prior to commencing dental treatment. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the treatment, including the alternative options, risks, benefits, and costs. We saw this

# Are services effective?

(for example, treatment is effective)

confirmed in the treatment plans we looked at. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options, and treatment plans were informative.

The clinicians described to us how they re-confirmed consent at each subsequent treatment appointment.

The dentist explained they would not usually provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentists allowed patients time to think about the treatment options presented to them.

The clinicians told us they would usually only see children under the age of 16 who were accompanied by a parent or

guardian to ensure consent was obtained before treatment was undertaken. Staff we spoke to were not all clear about involving children in decision making and ensuring their wishes were respected.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff we spoke to were not all clear about the principles and application of the MCA.

The clinicians described to us the role family members and carers might have in supporting the patient to understand and make decisions.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. Facilities were available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

### **Involvement in decisions about care and treatment**

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records we reviewed during the inspection. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice. Where appropriate clinicians would involve family members and carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The provider was aware the environment was in need of re-furbishment and had a maintenance programme in place to ensure the premises was upgraded.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon and Saturday appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually. Patients commented on CQC comments cards that they were always treated as an individual.

We saw that the provider gathered the views of patients when planning and delivering the service via regular patient surveys, for example, the provider had sought patients' views in relation to the practice opening times.

### Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English, and put reasonable adjustments in place to ensure these needs were met.

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Parking was available outside the premises. The provider had installed a ramp at the front entrance to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and two treatment rooms, were situated on the ground floor.

Hand rails were available alongside the path to assist patients with mobility difficulties.

The reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities and limited mobility. Access for wheelchair users was difficult due to the small size of the room.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing. The practice had an induction loop available.

The practice made provision for patients to arrange appointments and receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

### Access to the service

We saw that patients could access treatment and care in a timely way.

The practice opening hours, and the 'out of hours' appointment information, were clearly displayed. The practice did not have dedicated emergency appointments but every effort was made to see patients on the same day in an emergency.

### Concerns and complaints

The practice had a complaints procedure which was available in the waiting room but it lacked sufficient detail. Not all the required information was included in it, for example, details of alternative organisations people could complain to were not included. These could be requested from reception. We saw that complaints were promptly and thoroughly investigated and responded to. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

# Are services well-led?

## Our findings

### Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively with some needing minor improvements, for example, the recruitment system. The practice manager submitted evidence of improvements following the inspection.

The provider subscribed to a compliance scheme which assisted the practice to maintain good governance arrangements.

The provider had implemented a range of policies and procedures to guide staff in the performance of their duties.

The provider had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate risks. Some risk assessments needed minor improvements, for example, the sharps risk assessment. The practice manager submitted evidence of improvements following the inspection.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked cabinets. Electronic records were maintained securely and data was backed up appropriately.

### Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service for patients and for staff.

We saw that the provider communicated information about the quality and safety of the service to patients by displaying the results from the NHS Friends and Family Test, (FFT), in the waiting area.

The practice held staff meetings every three months and used these to communicate information and exchange ideas. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. Staff told us urgent issues were also discussed and resolved as they arose.

The practice was managed by the provider and a practice manager and some staff had lead roles, for example, there were lead roles for infection prevention and control, and safeguarding. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were aware of their own competencies, skills, and abilities.

The provider operated an open door policy. Staff said they could speak to the manager or provider if they had any concerns, and that both were approachable and helpful. Staff confirmed their colleagues were supportive.

### Learning and improvement

The provider used a variety of means to monitor quality and performance and encourage continuous improvement in service delivery, for example, via the analysis of patient feedback, carrying out a wide range of audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. Audits we reviewed included X-rays, infection prevention and control, hand hygiene, dental care records and disability discrimination. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement. We saw that the audit process was functioning well.

The provider gathered information on the quality of care from a range of sources, including patient feedback and surveys, social media, the NHS Friends and Family Test and NHS Choices and used this to evaluate and improve the service. We saw clear evidence that this information was driving improvement. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice.

Staff confirmed that learning from complaints, incidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice. The practice had an open and transparent approach to learning from complaints, incidents and feedback.

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service

## Are services well-led?

delivery, carried out regular patient surveys, and looked at the results to identify areas for improvement. A suggestion box for patient comments was also available in the waiting room.

The provider made the NHS Friends and Family Test forms and the practice's own survey forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

We saw that the provider acted on patient feedback, for example, a patient had requested larger print on consent forms and the practice had carried this out in response.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.