Abbey Cottage Dental Practice Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 November 2016 to ask the practice the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Abbey Cottage Dental Practice is situated in the Herefordshire market town of Ledbury and is in the town centre. It provides mainly NHS dental treatment for all age groups and a small amount of private dental treatment. There has been a dental practice at the premises for many years and has been operated by a limited company, Abbey Cottage Dental Practice Limited for over 15 years.

The director of the company is the principal dentist and 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 practice has three dentists, a dental hygienist and six dental nurses. The registered manager and clinical team are supported by a practice manager and a receptionist. Some of the dental nurses also carry out reception duties.

The practice has three dental treatment rooms and a separate decontamination room for the cleaning, sterilising and packing of dental instruments. The waiting and reception areas are in the same room. The practice building is listed and has some constraints for people

Summary of findings

with mobility difficulties. There are three steps into the building from the pavement outside, two treatment rooms are on the first floor and there are also steps up to the ground floor treatment room. The practice has a portable ramp which they use to assist patients in and out of the building and the ground floor treatment room. The practice does not have its own parking.

The practice is open from 8.45am to 5pm Monday to Friday with appointments available from 9am. It closes for lunch from 1pm to 2pm.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could give us their views about Abbey Cottage Dental Practice. We collected 30 completed cards and spoke with three patients while we were at the practice. Patients were very positive about the practice and described the dentists and other members of the team as understanding, approachable and caring. Several explained that they had been patients at the practice for 10 years or more and told us that they and their families had always received professional, kind and sensitive care. A number of patients described their appreciation of the sensitive way the practice supported them to cope with their anxieties about dental treatment. Some parents said their children had grown up without a fear of the dentist because of the care the practice took. Those who commented on cleanliness confirmed that the practice was clean and tidy.

Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience. National guidance for cleaning, sterilising and storing dental instruments was followed.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had arrangements for dealing with medical emergencies.
- Dental care records provided information about patients' care and treatment and patients received written treatment plans where necessary.
- Staff received training appropriate to their roles and were supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used the NHS Friends and Family Test, to enable patients to give their views about the practice. Staff had opportunities to contribute their views through informal daily contact with each other, staff meetings and annual appraisals.
- The practice had policies and procedures to help them manage the service and were in the process of changing over to new formats resulting in some overlap and duplication of documentation. We were aware that completion of this work was delayed by circumstances outside the registered manager's control.
- Recruitment arrangements were in place but not sufficiently structured to provide a robust and consistent process.
- The practice used audit as a means to monitor quality in a range of areas.

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

- Review the practice's recording arrangements for safety alert information received at the practice.
- Review the practice's recruitment procedures to provide a robust and consistent process which includes specific guidance regarding information required for staff being recruited.
- Review the availability of information about translation services for patients who do not speak English as their first language or who use British Sign Language. They should also review the provision of an induction hearing loop to assist patients who use hearing aids.
- Review and implement the practice's X-ray audit action plan.
- Review the practice's policies, procedures and other documentation to consolidate the recently adopted and previous versions to create one comprehensive set of documents that are tailored to the specific needs of the practice.

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?

No action

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

The practice had systems to assist in the safe management of the service including the care and treatment provided to patients. This included processes to discuss and make improvements when things went wrong.

There were policies and risk assessments for important aspects of health and safety. These included infection prevention and control, waste management, medical emergencies, dental radiography (X-rays) and fire safety. Staff recruitment procedures were not supported by a policy to provide robust guidance and procedures regarding the information needed for new staff. Medicines and equipment for responding to medical emergencies were available. The medicine used to treat patients having an epileptic seizure was available in injectable form rather than as an oramucosal solution as advised in the British National Formulary.

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals was readily available for staff to refer to if needed.

Are services effective?

No action

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

The practice assessed patients' and care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. They provided patients with written treatment plans where necessary. Patient feedback confirmed that their care was discussed with them clearly so they understood the treatment they received and why this was necessary. Referrals to other dental or NHS services were made in line with relevant guidance when this was necessary and the practice worked in partnership with other health professionals.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration

Staff understood the importance of obtaining informed consent and worked in accordance with relevant legislation and guidance relating to children, young people and adults regarding this.

Are services caring?

No action

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

Patients were very positive about the practice and described the dentists and other members of the team as understanding, approachable and caring. Several explained that they had been patients at the practice for 10 years or more and told us that they and their families had always received professional, kind and sensitive care. A number of patients described their appreciation of the sensitive way the practice supported them to cope with their anxieties about

Summary of findings

dental treatment. Some parents said their children had grown up without a fear of the dentist because of the care the practice took. This view was supported by the practice's NHS Friends and Family Test results showing that all of the 64 patients who had completed a form since the practice introduced this in April 2015 were extremely likely or likely to recommend the practice.

The practice was aware of the importance of confidentiality and this was covered in practice policies and staff training. During the inspection we saw that staff were helpful, welcoming and professional towards patients. Patient feedback confirmed that the dentists took time to give patients the information they needed about their treatment.

Are services responsive to people's needs?

No action ✓

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

The patient feedback we reviewed confirmed that patients received care and treatment that met their needs.

The practice building was listed and had some constraints for people with mobility difficulties. There were three steps into the building from the pavement outside, two treatment rooms were on the first floor and there were also steps up to ground floor treatment room. The practice had a portable ramp which they used to assist patients in and out of the building and the ground floor treatment room. The practice did not have its own parking.

The practice had out of hours arrangements so patients could obtain urgent as well as routine treatment when they needed.

The practice had a complaints procedure although this was not mentioned in the practice information leaflet. The practice had only received one complaint in 10 years which they had responded to in an open and constructive way.

Are services well-led?

No action ✓

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

The practice had policies, procedures and risk assessments to support the management of the service. They had recently adopted a commercially available practice management system which included policies and procedures. This was still in a transition period and needed consolidation to ensure policies and procedures were fully tailored to the specific circumstances at the practice. Audits were used to assist the registered manager in managing and monitoring the quality of the service.

All clinical and non-clinical staff received annual appraisal and had personal development plans to identify and plan their learning needs. Staff told us they were well supported by the registered manager. The practice team worked together well.

The practice used the NHS Friends and Family Test to monitor patient satisfaction and obtain their views about the service. The practice used a mixture of informal communication and structured staff meetings to discuss the management of the practice and the care and treatment provided.

Abbey Cottage Dental Practice Limited

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 9 November 2016 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. Due to circumstances beyond the practice's control they were not able to provide this until the day of the inspection.

During the inspection we spoke with the registered manager and one other dentist, dental nurses and reception staff. We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 30 patients in comment cards provided by CQC before the inspection. We spoke with three patients at the practice on the day of the inspection. The practice provided their NHS Friends and Family Test results from the 64 responses from patients since they began to use it in April 2015

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 a critical incident/significant event policy and recording forms for staff to use. The policy included the types of incident to record and the steps to follow in analysing incidents to identify whether any patterns emerged. We reviewed five significant event forms completed during 2016 and noted that there were earlier records dating back to 2008 showing that their systems were well established. Four of the 2016 events related to equipment or premises issues and the practice had dealt with them promptly. The other event related to a person being taken ill at the practice; staff had dealt with this appropriately.

The practice was aware of the requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had guidance for staff to refer to. Suitable accident record forms were used. In the last two years the practice had recorded two injuries from sharp dental instruments as accidents. These had not been recorded as significant events to help ensure a full overview of all incidents where learning could take place. We noted that the box file for the accident and RIDDOR documents also contained a variety of other information. The registered manager said they would review the contents to check which were useful and which could be archived or disposed of.

The registered manager explained that historically they had received national alerts about safety issues relating to medicines, equipment and medical devices from local commissioners, checked which were relevant to them and took action when needed. They had recently registered to receive safety alerts direct from the government website GOV.UK and liked the fact that they received a weekly bulletin that they could check.

The registered manager was aware of a recent national alert regarding a recall of a medicine used to treat diabetic patients with low blood sugar and another about a defibrillator fault. They had checked their defibrillator and the batch numbers of the recalled medicine immediately and assured themselves that theirs were not involved. We saw that alerts were stored for future reference on the practice computer system. The registered manager confirmed that they did not have a structured system to record that they had checked and acted on these. They told us they would establish a system as soon as possible.

The practice had a policy regarding the legal requirement, the Duty of Candour. This legislation requires health and care professionals to tell patients the truth when an adverse incident affects them. This subject had been discussed at a staff meeting and staff we spoke to about this understood and were committed to the principle of being honest with patients at all times.

Reliable safety systems and processes (including safeguarding)

The practice team were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in challenging circumstances. The practice had child and adult safeguarding policies and procedures based on local and national safeguarding guidelines. These included specific guidance for various types of injury that might raise concerns such as bruises and burns. The registered manager was the practice's lead for safeguarding. Up to date contact details for the relevant safeguarding professionals in Herefordshire were readily available for staff to refer to.

Staff had completed safeguarding training at a level suitable for their roles. Staff told us they used on line training for this although in the past some had also attended face to face training provided at the local NHS post graduate centre. The practice kept structured records to monitor the dates when staff had completed safeguarding training. Staff confirmed they had never had concerns about the well-being of children and adults which had needed referrals to local health and safeguarding professionals. The safeguarding folder contained 'face maps' for dentists to use if they needed to record any concerning marks and template letters to use to liaise with the local health visiting team.

We saw evidence to confirm that the dentists used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society and recorded this in patients' notes. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

Are services safe?

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. Staff confirmed that the dentists took responsibility for handling syringes. We confirmed that dentists and the dental hygienist used traditional syringes with a suitable device for needle removal to minimise the risk of injury.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. There was an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff completed annual training relevant to their role including management of medical emergencies, basic life support training and training in how to use the defibrillator. Staff told us they sometimes used staff meetings to remain familiar with the emergency medicines and equipment and to discuss and practise how they would respond to possible emergency scenarios.

The practice had emergency medicines available as set out in the British National Formulary (BNF) guidance. However the medicine used to treat patients experiencing an epileptic seizure was in injectable form. Guidance in the British National Formulary (BNF) is that this should be available as an oromucosal solution which is applied direct to a patient's gums. The registered manager assured us they would order this straight away.

The practice had Glucagon available. This is a medicine for patients needing urgent first aid for seriously lowered blood sugar, particularly patients with diabetes. This was stored in the emergency medicines bag. The registered manager told us it was stored in the medicines refrigerator until 12 October 2016 when the refrigerator broke down. We noted that this was recorded as a significant event. They explained that two successive replacement refrigerators had been faulty. The practice was not aware they needed to adjust the expiry date of the Glucagon if it was not refrigerated. We checked the expiry date and found that because it had been removed from the refrigerator so recently the original expiry date still applied.

Oxygen and other related items such as face masks were available in line with the Resuscitation Council (UK) guidelines. Staff carried out weekly checks of the emergency medicines and equipment including the oxygen and defibrillator to monitor that they were available, in date, and in working order. We saw the records staff kept to confirm they had done these checks. When we examined the oxygen cylinder in current use we found that it was empty although staff had checked it the previous week. The registered manager believed that the valve must have been left slightly open for it to now be empty. They immediately exchanged it for the spare cylinder and ordered a replacement. The registered manager told us that the oxygen company confirmed that they would deliver this the following day.

Staff recruitment

Recruitment arrangements were in place but were not sufficiently structured to provide a robust and consistent process and did not include specific guidance regarding information required for staff being recruited.The provider explained that they seldom recruited new staff because the team was very settled and turnover was minimal. We noted that the most recent staff member had been in post two years and that other staff had been in post for 10 years or longer.

We looked at the recruitment records for the newest member of staff. They came to the practice direct from education and had therefore not previously worked in a health or social care setting. This meant the practice had not needed to obtain satisfactory evidence of employment in a healthcare related setting or some other information such as reasons for gaps in employment. We looked at some other staff records and noted that photographic evidence of identity was available for those staff together with other proof of identity such as General Dental Council registration certificates.

The practice had carried out Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to 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. The practice had recently decided to obtain up to date DBS checks for all of the staff and we saw that some of these had already been received.

Are services safe?

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. This as checked this as part of staff appraisals each year.

Monitoring health & safety and responding to risks

The practice had a variety of health and safety related policies and risk assessments. These covered general workplace and specific dentistry related topics and were stored in the staffroom where all staff could look at them. The registered manager explained that they were in the process of changing over to a new policy and procedure system provided by a specialist commercial dental company. This had resulted in some overlap and duplication of documentation which the registered manager acknowledged. We were aware that completion of this work was delayed by circumstances outside the registered manager's control.

The practice had information about the control of substances hazardous to health (COSHH). This included risk assessments and manufacturers' data sheets for relevant dental products and for household products such as cleaning materials.

The practice had low allergy and latex free disposable gloves available to remove the risk to patients or staff who may be at risk of an allergic reaction.

The practice had a current fire safety risk assessment completed by the registered manager in 2016. Emergency lighting, smoke detectors and fire extinguishers were in place. We saw the certificate showing that a specialist contractor had serviced the fire extinguishers in May 2016. We saw the records showing that staff tested the fire alarm system and emergency lights and carried out a visual check of the fire extinguishers every week. Staff confirmed that they discussed fire safety at staff meetings and we saw an example of this.

The practice had a business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. This included details of relevant contacts to help staff manage a significant disruption to the service. The registered manager confirmed that they kept a copy of the plan at home so that it was always available. The plan included spaces for additional information including contact telephone numbers but these were not all filled in. The registered manager showed us that this information was available in a different format and readily available on the wall in the staff room. They confirmed that they also had this information available off site to refer to in the event of the building being unsafe to enter.

Infection control

The practice was visibly clean and tidy. A third of the patients who filled in CQC comment cards specifically mentioned this and confirmed that in their experience the practice was always clean, safe and hygienic. Separate colour coded cleaning equipment was available for clinical and non-clinical areas. Two members of the team were employed to carry out general cleaning of non-clinical areas at the practice in addition to their main roles. They used detailed cleaning schedules to ensure that all cleaning tasks were completed.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections.

The practice had an infection prevention and control (IPC) policy and one of the dental nurses was the IPC lead for the practice.

We saw that the practice completed twice yearly IPC audits using a recognised format from the Infection Prevention Society (IPS). The most recent audit in June 2016 identified a rip in a dental chair; this had been repaired. The practice had completed a handwashing audit in May 2016. This identified that a new paper towel dispenser was needed in one of the toilets. This had been done.

We looked at the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. These reflected the HTM01-05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in the separate decontamination room by the dental nurses who took it in turns to be the decontamination nurse each day. The separation of clean and dirty areas in the decontamination room and treatment rooms was clear. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments.

We saw the practice packaged, dated and stored equipment appropriately. The practice dated all sterilised

instruments with the same expiry date. Staff explained that they chose to do this so that all instruments could be checked and re-sterilised on the same date during the quiet period between Christmas and New Year. They found this worked better for them than having instruments with varied expiry dates. Staff confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only. The practice kept records of the expected decontamination processes and checks that equipment was working correctly.

The practice had personal protective equipment (PPE) such as heavy duty and disposable gloves, aprons and eye protection available for staff and patient use. We saw that staff working in the decontamination room used eye protection to protect them from splashes. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene with liquid soap and paper towels.

Suitable spillage kits were available to enable staff to deal mercury spillage and with any loss of bodily fluids safely.

The practice had a Legionella risk assessment carried out by a specialist company in 2011. Legionella is a bacterium which can contaminate water systems in buildings. Since 2011 the registered manager had reviewed the original assessment themselves, most recently in April 2016. They were confident that this was adequate because they had completed all the work identified in the original assessment, made further improvements to the plumbing and heating systems in subsequent years and complied with expected processes for the management of the hot and cold water systems to reduce the risk of Legionella. We saw the records confirming that staff carried out routine water temperature checks. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm including Legionella, in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions.

The practice's arrangements for segregating and storing dental waste reflected current guidelines from the Department of Health apart from labelling to identify the practice as the source of the waste. The practice assured us they would implement this immediately. Appropriate secure boxes for the disposal of sharp items were used. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents and that the practice stored waste securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was available for staff to refer to and they were aware of what to do. In the event of a member of staff being injured by an instrument used during a treatment the practice had written information available for patients. This explained that the practice might ask them to have a blood test. The practice had information about the immunisation status of each member of staff available in individual staff files.

Equipment and medicines

We saw the maintenance and revalidation records for equipment used at the practice including X-ray equipment and equipment used to sterilise instruments. We also saw the documentation confirming that the portable electric appliances had been tested for safety during the last year.

The registered manager confirmed that the practice's insurance policy included appropriate pressure vessel cover for the compressor and autoclaves (equipment used to sterilise instruments). We saw the current pressure vessel inspection documentation.

Emergency medicines were stored securely. The practice also kept a supply of antibiotics to dispense direct to patients. These were also stored securely. The practice kept a record of antibiotics prescribed and dispensed for specific patients from this stock. They kept a record of the quantity, batch numbers and expiry dates of each pack of antibiotics for stock control purposes. The practice provided patients with copies of the manufacturers' patient information leaflets. NHS prescription pads were stored securely and the practice had clear records of these held including serial numbers. Individual prescriptions were not endorsed with the practice stamp until they were completed and issued to a named patient.

We confirmed that the dentists recorded the batch numbers and expiry dates of local anaesthetics in patients' records.

The practice had relevant electrical and building control certificates available for alterations to the building and facilities during 2013.

Are services safe?

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice had a radiation protection file containing the required information. This included the local rules, the names of the Radiation Protection Adviser and the Radiation Protection Supervisor, staff training information and maintenance records. The records showed that the practice had arrangements for maintaining the X-ray equipment and that relevant annual checks were up to date.

We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

The practice used beam aiding devices and rectangular collimators (equipment attached to X-ray machines) to reduce the dose of X-rays patients received and to help maximise the accuracy of images. The practice used traditional rather than digital X-ray equipment.

We saw that the practice completed X-ray audits every six months and that the most recent audit was in June 2016. They recorded the justification and outcome of each X-ray in patients' notes. The practice also kept a record in a notebook of the quality score of every X-ray they took but did not include this information in individual patient notes. The practice identified this in a clinical record keeping audit in June 2016 but had not taken action to address this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The registered manager was aware of published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies. This included NICE guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals. A copy of the General Dental Council (GDC) Standards for the Dental Team was available for all staff to refer to. Staff explained that any changes in guidelines affecting the care and treatment of patients were discussed at staff meetings. We saw an example of this relating to the information dentist should record regarding the condition of patients' gums.

The dental records contained information about patients' dental care and treatment. We confirmed that this included the condition of the patient's gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums. Patients who needed ongoing advice, support and treatment in relation to their gum health were seen by the practice's dental hygienist or the dentists carried out this work themselves. The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer.

The practice asked all patients to fill in a medical history form and checked and updated this information at each check-up appointment.

Health promotion & prevention

The practice was in an area which did not have fluoridated water. Concentrated fluoride toothpaste and fluoride varnish for children was available in accordance with guidance in the Delivering Better Oral Health Tool-kit from the Department of Health. The practice had a settled patient population and knew patients well. This enabled them to identify patients at risk of tooth decay at an early stage. However it was not clear that this was done in a structured way.

A range of dental care products were available for patients to buy and these was a variety of patient information leaflets in the waiting room.

Staffing

We confirmed that clinical staff undertook the required continuous professional development (CPD) for their registration with the General Dental Council (GDC). The practice had evidence that clinical staff held current GDC registration. The practice held copies of staff training certificates and we saw evidence that staff kept records of their individual CPD.

The practice completed annual appraisals for staff which included identifying and recording personal development plans (PDPs). There was a structured appraisal form which included a self-assessment questionnaire to help staff prepare for their appraisal. The appraisal documentation specifically reminded staff of the General Dental Council Standards for the Dental Team. It also included a section to confirm staff had met their CPD declaration requirements. The registered manager explained that because it was usually fairly quiet, they used the period over Christmas and the New Year to complete the appraisal process each year

In addition to training in clinical topics staff also completed training in other essential areas. These included safeguarding, management of medical emergencies, basic life support and defibrillator training and information governance.

We saw a training record sheet in individual staff files which staff had used to record some of the training they completed during 2015 and 2016. The practice did not have a structured system to provide an overview of all CPD and training completed by the staff team. The registered manager told us that staff currently all had their own system for recording this. They were planning to ask the team to adopt the same format to make it easier to monitor their CPD and other training.

The practice had a structured induction checklist for new staff and we saw a completed induction checklist and formal probationary review for the newest staff member.

Two dental nurses had completed extended training in respect of X-rays and one had completed oral health education training.

Working with other services

The practice referred patients, including children, to NHS dental services including hospitals and access clinics or to private dental practices when needed. This was usually because a patient needed specific specialist treatment that

Are services effective?

(for example, treatment is effective)

they did not provide. The dentists also referred patients to the dental hygienist at the practice. Staff told us that referrals to other services were sent on the day that a need was identified to minimise delays in treatment. The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines.

The dentists did not routinely give patients a copy of their referral letters unless they requested one. The practice kept a record of all the referrals they made to enable them to monitor these and ensure they were followed up.

Consent to care and treatment

Members of the team we discussed this with understood the importance of obtaining and recording patients' consent to treatment. Written consent was obtained for private and NHS treatment provided at the practice. For private patients this was done using written treatment plans. Consent for NHS treatment was recorded using the appropriate NHS forms. Information we reviewed from patients who mentioned this confirmed that they received information to assist them to make informed decisions about their treatment.

The practice had a written consent policy which referred to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice also had templates to record mental capacity assessments, best interest decisions and other information when making decisions about patients although staff told us they had not needed to use these yet. Staff were aware of and could explain the relevance of this legislation to the dental team although some were more knowledgeable about this than others.

The practice consent policy also referred to decision making where young people under the age of 16 may be able to make their own decisions about care and treatment and was based on national guidance. Similarly, some staff were more confident in their knowledge of this area than others. We saw in staff meeting minutes that staff had discussed the importance of obtaining consent from the correct family members or guardians when treating children.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 30 completed CQC comment cards and from speaking with three patients at the practice. Patients were unanimous in their praise for the practice. Patients described the dentists and other members of the team as understanding, approachable and caring. Several explained that they had been patients at the practice for 10 years or more and told us that they and their families had always received professional, kind and sensitive care.

A number of patients described their appreciation of the sensitive way the practice supported them to cope with their anxieties about dental treatment. Some parents said their children had grown up without a fear of the dentist because of the care the practice took.

This positive view was supported by the practice's NHS Friends and Family Test results. These showed that all of the 64 patients who had completed a form since the practice introduced this in April 2015 were extremely likely or likely to recommend the practice.

The waiting room was in the same room as the reception area. We saw that staff were mindful that this could compromise confidentiality and understood their responsibility to take care when dealing with patients' information in person or over the telephone. They described how they took care to be discreet so other patients could not hear private information and they used a radio to provide some background noise. Staff told us that if a patient needed or wanted more privacy to discuss something they would take them into another room. No personal information was left where another patient might see it.

The practice had confidentiality and information governance policies and these were included in staff induction and discussed at staff meetings.

Involvement in decisions about care and treatment

We saw that the practice recorded information about patient's treatment options in their individual records. Information we reviewed from patients confirmed that their dentist explained their treatment clearly and honestly so they understood what they needed to have done and why. Patients needing treatment were given a written treatment plan. In the case of NHS patients the practice used the appropriate NHS form for this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 30 completed CQC comment cards and from speaking with three patients at the practice. All the information we reviewed provided a positive picture of the practice and confirmed that the practice met patients' needs. Several said the practice had helped them or a relative to overcome their anxieties about dental treatment. Patients said that this was due to the sensitive and careful approach the practice took. This view was echoed by some parents who welcomed the fact that their children were happy to visit the dentist due to the care they took.

We discussed the appointment booking system with reception staff. They explained that check-up appointments were booked for 15 minutes and that appointments for treatment were booked according to the treatment needed; the dentists used patient records to do this, either on the computer system or in the handwritten notes.

The practice had a patient information leaflet and additional information was available in the waiting room. Patients were provided with written information about the fees for private and NHS treatment.

Tackling inequity and promoting equality

The practice building was listed and had some constraints for people with mobility difficulties. The practice had completed a Disability Discrimination Act assessment of the premises in the past but was limited in what they could achieve due to the age of the building and its listed building status. There were three steps into the building from the pavement outside, two treatment rooms were on the first floor and there were also steps up to ground floor treatment room. The practice had a portable ramp which they used to assist patients in and out of the building and the ground floor treatment room. The patient toilets were not equipped for patients who used wheelchairs or those with limited mobility. The practice did not have its own parking.

Staff told us that patients who had moved to Ledbury from other countries were either very confident about conversing in English or brought a friend or relative with them to translate. They did not have current details for translation services, including British Sign Language, should they need this. Although they did not believe they had any patients who needed these at present the registered manager agreed to source the necessary information. The practice did not have an induction hearing loop to assist patients who used hearing aids.

Information was provided for patients about NHS charges and arrangements for those who were exempt from paying these. Staff described a sensitive approach to discussing exemption from charges with patients and towards any who might have difficulty reading information.

Access to the service

The practice was open from 8.45am to 5pm Monday to Friday with appointments available from 9am. They closed for lunch between 1 and 2pm. Patients who mentioned it confirmed they were able to make appointments easily, including at short notice. Staff told us that they had 45 minutes kept free each day to see patients with pain or other dental emergencies. This was immediately before the practice closed for lunch. Staff said that if this space was full the dentists saw additional emergency patients during the lunchbreak.

The practice took part in an out of hours emergency rota with a number of dental practices in nearby Malvern for private patients with a dental emergency. If patients needed emergency treatment when the practice was closed the practice answerphone message provided the telephone numbers they could call. NHS patients with a dental emergency were advised to telephone the NHS 111 out of hours service.

Reception staff showed us that they had details of school holiday dates close at hand to refer to when families were booking appointments for school age children.

Concerns & complaints

The practice had a recently adopted a new complaints policy and procedure provided by a commercial dental management company. This included information about considering the legal requirement, the Duty of Candour when dealing with complaints. This legislation requires health and care professionals to tell patients the truth when an adverse incident affects them. This subject had been discussed at a staff meeting and staff we spoke to

Are services responsive to people's needs?

(for example, to feedback?)

about it were committed to the principle of being honest with patients at all times. The practice complaints folder also still contained their previous complaints code of practice document dated 2010.

The new policy included contact details for NHS England (the commissioning organisation for NHS dentistry) and the Parliamentary and Health Service Ombudsman (PHSO). It did not include information about the General Dental Council or the Dental Complaints Service (for private patients). The practice's older code of practice document did include this information. We highlighted the need to review and consolidate all of this information into one complaints policy and procedure specific to Abbey Cottage Dental Practice.

Basic information about making a complaint was not included in the practice information leaflet. Staff told us that if a patient raised a concern with them they would take the details and arrange for the registered manager to deal with this.

We looked at the record of the one complaint the practice had received about the service during 2015. The registered manager told us this was the only complaint in 10 years. The record showed the practice responded promptly and constructively to the concerns raised. We learned of another concern from a patient during the inspection which the practice was dealing with in a positive way.

Are services well-led?

Our findings

Governance arrangements

The registered manager and practice manager shared responsibility for the day to day management of the service. The registered manager provided clinical leadership at the practice.

The practice had policies, procedures and risk assessments to support the management of the service. These reflected national guidance from organisations such as the General Dental Council (GDC) and the British Dental Association (BDA). The registered manager explained that they were in the process of changing over to a new policy and procedure system provided by a commercial dental company. This had resulted in some overlap and duplication of documentation which the registered manager acknowledged. We were aware that completion of this work was delayed by circumstances outside the registered manager's control.

The practice held structured staff meetings which took place several times a year. Notes of the meetings were made for future reference so staff who were not present could read them. We looked at the minutes of four meetings held in 2016. These showed that meetings always included important subjects such as staff training and appraisal, infection prevention and control, health and safety topics including fire safety, obtaining consent from the correct person when treating children, confidentiality and data protection. Some staff we spoke with told us that they were able to put forward subjects for meetings and that their views were listened to.

The practice was registered with the Information Commissioner and staff had completed on-line training regarding data protection.

Leadership, openness and transparency

While we were at the practice it was evident that members of the team cared about each other and worked well as a team. Staff told us they liked working at the practice and that the registered manager was supportive.

There was a whistleblowing procedure for staff to follow if they identified concerns at the practice. This included information about external contacts if they felt unable to report their concerns internally.

The practice had a recently adopted complaints policy and procedure provided by a commercial dental company. This included information about considering the legal requirement, the Duty of Candour when dealing with complaints. This legislation requires health and care professionals to tell patients the truth when an adverse incident affects them. This subject had been discussed at a staff meeting and staff we spoke to about it were committed to the principle of being honest with patients at all times.

Management lead through learning and improvement

Dentists, other members of the clinical team, and reception staff had annual appraisals and personal development plans identifying learning needs. There was a structured appraisal format for this. We saw evidence that the clinical staff maintained their continuous professional development (CPD) by doing a mixture of on-line and face to face training.

We saw that practice carried out a variety of audits. Audits are intended to help dental practices monitor the quality of treatment and the overall service provided. The audits we saw addressed areas including X-rays, infection prevention and control and clinical record keeping. The practice had also audited aspects fire safety, human resources management and lone working. These had resulted in additional fire safety checks, DBS checks being renewed and a review of security if staff were on their own in the building. A patient record audit in June 2016 had identified that the dentists were not always recording the quality score for each X-ray in individual patients' notes as well as in the X-ray record book. We highlighted to the registered manager that this did not appear to have been remedied.

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

The practice used the NHS Friends and Family Test to obtain patients views about the practice. All of the 64 patients who had completed a form since the practice introduced this in April 2015 said were extremely likely or likely to recommend the practice.

The practice had carried out a staff survey in December 2015 using anonymous surveys. Staff were invited to score their experiences as an employee using a scale indicating a range from excellent to poor. The practice had not carried out a structured analysis of the results. The registered manager explained that whilst they had taken note of the

Are services well-led?

results, to maintain staff anonymity and confidentiality they had taken a generalised approach to this. We discussed the benefits of analysing the results of future staff surveys and discussing these with staff to foster openness and staff involvement.

The practice also used annual appraisals and staff meetings to provide staff with opportunities to contribute.