

Birchwood Dental Practice

Birchwood Dental Practice

Inspection Report

21 Benson Road
Birchwood
Warrington
WA3 7PQ

Tel: 01925 822484

Website: www.birchwooddentalpractice.co.uk

Date of inspection visit: 2 February 2017

Date of publication: 31/03/2017

Overall summary

We carried out an announced comprehensive inspection on 2 February 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

Birchwood Dental Practice is located in a residential suburb close to the centre of Birchwood. It comprises a reception and waiting room, five treatment rooms, a decontamination room and patient toilet facilities. The practice is at ground floor level. Parking is available outside the practice and nearby. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Wednesday 8.30am to 5.00pm, Thursday 8.30am to 6.00pm, and Friday 8.00am to 4.00pm. The practice is staffed by two principal dentists, an associate dentist, two dental therapists, and eight dental nurses, three of whom are trainees. The dental nurses all carry out reception duties.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 26 people during the inspection about the services provided. Patients commented that they found the practice excellent, and that staff were professional, friendly, and caring. They

Summary of findings

said that they were always given helpful explanations about dental treatment, and that the dentists listened to them and delivered excellent treatment. Patients commented that the practice was bright, clean and comfortable.

Our key findings were:

- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- 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, secure and well maintained.
- Staff followed current infection control guidelines 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 emergency appointments were available.
- Services were planned and delivered to meet the needs of patients.
- The practice actively encouraged and welcomed the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Robust governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.

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

- Review the practice's recruitment policy and procedures to ensure satisfactory documentary evidence of relevant qualifications is requested and recorded suitably.
- Review the storage of archived paper dental care records to ensure they are stored securely.

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, dental radiography, and for investigating and learning from incidents and complaints.

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 properly maintained. The practice was cleaned regularly.

There was guidance for staff on the decontamination of dental instruments which they were following.

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 recruitment procedures in place but these needed minor improvement to ensure dental professionals qualifications were verified where relevant.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

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; and treatment focused on the patients' individual needs.

The practice provided oral health and healthy lifestyle advice to patients.

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

Staff were registered with their professional body, the General Dental Council, where relevant, and were supported in meeting the requirements of their professional regulator. Staff received on-going training to assist them in carrying out their roles.

No action



Are services caring?

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

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.

No action



Summary of findings

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.

The provider had implemented a scheme to inform patients about reasons as to why delays to appointments in a dental practice occurred and provided a visual display of this information in reception as well as offering waiting patients assistance where necessary.

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, and emergency appointments were available on the same day. The practice opening hours and the 'out of hours' appointment information was readily available.

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 policy in place which was clearly displayed. 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 robust and 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 were knowledgeable and informed about all areas of service delivery.

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. We saw that these were regularly reviewed.

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.

No action



Summary of findings

The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Patient information was handled confidentially. Dental care records were complete and accurate.. Improvement was needed to the storage of archived paper records. The provider was currently reviewing arrangements for this.

Birchwood Dental Practice

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 2 February 2017 and was led by a CQC Inspector assisted by a dental specialist adviser.

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 dentists, a dental therapist and dental nurses. 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 procedures in place to report, record, analyse, and learn from significant events and incidents. Staff described examples of significant events which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

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.

The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

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 provider brought relevant alerts to the attention of the staff. Clinicians were able to discuss 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 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. The two principal dentists undertook lead roles for safeguarding and provided advice and support to staff where required. Local safeguarding

authority's contact details for reporting concerns and suspected abuse to were displayed in the treatment rooms. 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. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, 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 as a team and this was updated annually. The provider additionally had arrangements in place for staff to practice together regularly as a team in simulated emergency situations. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (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 and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

Are services safe?

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

The practice had a recruitment policy and associated procedures in place which reflected the requirements of current legislation. The provider carried out employment checks and maintained recruitment records for each member of staff, which included where relevant, evidence of the following; registration with their professional body, the General Dental Council, (GDC), indemnity insurance, and evidence that Disclosure and Barring checks had been carried out. We were told that evidence of qualifications was not requested. The provider sought assurances of qualifications through GDC registration and foundation training, but had not retained on record a copy of the relevant qualification. The provider assured us this would be addressed.

Staff recruitment and employment records were stored securely to prevent unauthorised access. We saw that pre-employment checks were also carried out for locum staff.

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

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe.

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.

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, and retained 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 were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented 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 sharps. The provider had implemented a safer sharps system for the control of used needles. 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 able to describe the action they would take should they sustain an injury.

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

Are services safe?

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required. We saw that appropriate training for this role in the form of a diploma qualification had been undertaken.

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

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had dedicated decontamination rooms which were accessible to staff only. The decontamination rooms were designated for 'dirty' and 'clean' tasks and were connected by a hatch. 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 noted that the practice was meeting the best practice recommendations of HTM 01-05.

We observed that the packaged instruments were stored in drawers in the 'clean' decontamination room. The packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

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 and staff wore their uniforms inside the practice only.

The provider had had a Legionella risk assessment carried out in 2014 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). 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. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. 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.

The segregation and disposal of dental waste was in accordance with current guidelines laid down 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. We observed that clinical waste awaiting collection was stored securely in a locked bin but the bin itself was situated in a public access area and not secured and could be removed by unauthorised people. The provider submitted evidence immediately following the inspection that this had been addressed.

We saw that kits were available for contaminated spillages.

Equipment and medicines

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

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

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment,

Are services safe?

the air compressor and the X-ray machines. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

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 in accordance with current guidance, and operated a system for checking deliveries of blank NHS prescription pads. We saw that staff maintained records of the serial numbers for prescriptions issued and void. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

We saw that the provider was acting 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 required 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 included specific working instructions for staff using the X-ray equipment.

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 GDC recommendations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practitioners (UK) guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council standards. Patients completed a medical history form with details of their health which enabled clinicians to identify 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 dentists used current guidelines issued by the National Institute for Health and Care Excellence 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 staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Clinicians gave tailored 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.

The practice also displayed information in the waiting room on national health initiatives with contacts for further advice and support.

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 and that training was well supported by the provider.

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.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The provider had carried out a training needs analysis and put a training plan in place which outlined details of training for staff. This included the GDC core topics, health and safety, and a variety of generic and role specific topics. The provider monitored training to ensure essential training was completed each year. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

We reviewed the practice's arrangements for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Clinicians referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice 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 first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

We saw examples of internal referrals, for example, to the dental therapists, and these followed recognised guidelines.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The dentists 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 after consultations and assessments, and 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 type of treatment, including the alternative options, risks, benefits, and costs. We saw this confirmed in the treatment plans we looked at.

The clinicians described to us how they re-confirmed consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

The dentists explained that they would not normally 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 generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

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. The clinicians had a good understanding of the principles and application of the MCA.

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. The practice had a separate room 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.

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

We were told that patients had previously experienced delays to appointments and this had impacted negatively on both patients and staff. The provider was concerned that staff did not wish to breach patient confidentiality by explaining to the waiting patients the exact reasons for delay to appointments where this was due to the previous patient's circumstances. The provider had therefore

implemented a scheme to inform patients about reasons as to why delays to appointments in a dental practice occurred and provided a visual display of this information in reception.

Staff were trained to monitor situations where clinicians were running late and a team approach was encouraged whereby all available staff would provide assistance to minimise further delay, for example, assisting with cleaning and setting up the treatment room. Staff would also inform the waiting patients and offer any appropriate assistance.

Staff reported that this had improved patient understanding and assisted in maintaining good professional-patient relations.

Involvement in decisions about care and treatment

The dentists 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. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. 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.

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 practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard.

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

We saw that the provider gathered the views of patients when planning and delivering the service via regular patient surveys.

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 made a variety of adjustments to allow care and treatment to be delivered on an equal basis.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Parking was

available outside the premises. Hand rails were available alongside the path to assist patients with mobility difficulties. Staff provided assistance should patients require it.

A section of the reception desk was at a suitable height for wheelchair users.

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 readily available and clearly displayed. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was sufficiently detailed. The procedure was clearly displayed. 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.

The practice had a strong focus on good governance and had robust systems and procedures in place which staff were familiar with.

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.

We saw that risk assessments, policies and procedures were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, 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.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

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. Archived paper records were stored on open shelves which did not prevent unauthorised access, but the provider was currently in the process of improving security for these. 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.

The practice held staff meetings every month. 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.

The practice was managed by the provider and some staff had lead roles. Responsibilities were shared between staff, 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 provider if they had any concerns, and that they were approachable and helpful. Staff confirmed their colleagues were supportive.

The provider displayed a summary of patient feedback in reception and on the practice's website to inform patients.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included equipment testing, X-rays, infection prevention and control, record keeping, antibiotic prescribing and health and safety. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient feedback, social media, surveys, the NHS Family and Friends Test and NHS Choices and used this to evaluate and improve the service. 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.

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.

Are services well-led?

The provider actively encouraged feedback via a number of methods and had comprehensive information available, particularly on the practice's website, to assist patients in providing feedback about all areas of service delivery.

We saw that the provider acted on patient feedback, for example, patients had commented on delays to appointments and the provider had put in place measures to keep patients informed as to why they occur and to help minimise delays.

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.