Clover House Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 May 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

Clover House Dental Practice is a private dental practice which offers dental payment plans. The practice is located in the centre of Harrogate, North Yorkshire with on street car parking close by and a small car park located at the front of the building. The practice has four treatment rooms over two floors, a reception area, two waiting areas (one on each floor) a decontamination room, a laboratory casting room and staff facilities. .

There is a permanent ramp at the front entrance and the practice doors have been widened to accommodate wheelchairs. There are four dentists (two are the principal dentists and two associates), five dental hygienists, six dental nurses, a treatment co-ordinator and two receptionists.

The practice offers private dental treatments including preventative advice, routine restorative dental care, simple orthodontic treatments and same day crowns.

The practice is open:

Monday – Friday 08:45 – 13:00 & 14:00 – 18:00 and a late night on a Tuesday till 20:00.

The one of the principal dentists is the registered manager. A registered manager is a person who is

Summary of findings

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.

On the day of inspection we received 26 CQC comment cards providing feedback and spoke to four patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were very involved in all aspects of their care and discussions of treatment. They found the staff to have a commitment to prevention, be professional, courteous, respectful, and friendly and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- The practice had a system in place for recording accidents and adverse incidents.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations. Patients received clear explanations about their proposed treatment and were actively involved in making decisions about it. They were treated in a way that they liked by staff.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of the patients and waiting times were kept to a minimum. Emergency slots were available each day for patients requiring urgent treatment.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided and used these to help them improve.

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

- Review the practice's protocol for undertaking audits of dental care records at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.

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 practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw all staff had received a variety of training in infection prevention and control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments was clearly displayed.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the Legionella risk assessment dated 2011, evidence of regular water testing was being carried out in accordance with the assessment and quarterly dip slip testing was in place.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Summary of findings

Comments on the 26 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to have a commitment to prevention, be professional, courteous, respectful, and friendly and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access and the practice has a ramp and hand rails in place. The ground floor surgeries could all accommodate a wheelchair or pushchair.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets and practice information leaflets available on reception and a website with detailed information areas.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The team members each had areas of responsibility to ensure the day to day running of the practice.

The practice held monthly clinical, front of house meetings and quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. Minutes were emailed to all staff so everyone was involved and could see what had been discussed.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB). The practice was due to implement a dental care record audit.

They conducted a continuous patient satisfaction survey. Comments were collated by one of the receptionists and shared within the practice. Patients were asked about all aspects of their patient journey and were also asked to complete post treatment questionnaires if required.

Clover House 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 24 May 2016 and was led by a CQC Inspector and a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two principal dentists, three dental nurses and two receptionists. We saw policies, procedures and other records relating to the management of the service. We reviewed 26 CQC comment cards that had been completed and spoke to four patients.

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 inspectio

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had four entries recorded in the last 12 months: there was supporting evidence the event had been processed in accordance with the practice policy. The practice also recorded significant events and there was one event that had been reported over the past 12 months.

One of the practice principles told us they were registered with the MHRA web site. Staff members were aware of what MHRA was and knew what the recent alerts that had come in to the practice were. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a nominated lead for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the principal dentists.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice had a recruitment policy in place and a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with and induction check list included. All recruitment files were kept by the practice principals.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Are services safe?

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on clinical waste management and manual handling. We saw this policy was reviewed in monthly due to the Health and Safety lead checking the Health and Safety Executive (HSE) website monthly for any updates. The practice had a well maintained and up to date Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances, from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place. All safety data sheets and material risk assessments were in alphabetical order to ensure information could be found easily.

We noted there had been a specific fire risk assessment completed for the practice in 2008; we saw the fire extinguishers were serviced in August 2015. There was evidence that quarterly fire drills had been undertaken as part of the practice Health and Safety checks. Staff had discussions about the process and this was reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

There was two sinks for decontamination work in decontamination room. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found the instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were hand scrubbed, placed in an ultrasonic bath examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries had a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely. The practice principals had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B although there was no evidence any staff member had had their bloods tested for the presence of the Hepatitis B antibody. This was brought to the attention of the practice principals to review. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

Are services safe?

The practice had a legionella risk assessment completed in 2011 and hot and cold water temperature checks were in place. Dip slide testing had been completed and annual certificates were in place to support this. A nominated individual was responsible for the Legionella testing although they had not received legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been undertaken in March 2016.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in August 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines the practice held a selection of antibiotics and high fluoride toothpastes. These were stored securely and logs were in place to know what stock had been used. The prescriptions were only printed and stamped when required.

Radiography (X-rays)

The X-ray equipment was located in three surgeries. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw some of the staff did not have supporting certificates to show they were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice radiation lead told us they completed bi-annual quality audits of the X-rays taken. These audits were clinician specific and the results were in line with recommended guidance suggested by the National Radiological Protection Board (NRPB). We found no action plans or learning outcomes were in place to continuously improving the procedure and reduce future risks. This was discussed with the practice principals and the radiation lead.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment and were aware of the recognised guidance from the Faculty of General Dental Practice (FGDP). The assessment was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such a smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

There was no evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. This was brought to the attention of the practice principals and they told us they would do one as soon as possible.

During the course of our inspection we discussed patient dental care records with the dentists and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment and scanned in to the records. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

All subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and dental hygienists were aware of the patients' present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis in depth with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records. Photos for patents were also taken with intra oral and extra oral cameras to show the patient in detail areas of treatment required.

Patients' oral health was monitored throughout the practice including referrals to the dental hygienists and if a patient had more advanced gum disease a more detailed inspection of the gums would be undertaken with supporting in depth preventative advice. This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

The practice also offered same day crowns and basic orthodontic treatment. We checked dental care records in relation to the assessment prior to the treatments taking place. These including an assessment of the patients' periodontal health, the quality of bone (using X-rays) and any aesthetic considerations (especially if it was to replace a front tooth). Any patient that had complex treatment completed were called the day after to ensure they were having no problems and offered a follow up appointment to ensure they did not have any concerns or questions.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or complex orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

One of the receptionists kept a detailed tracker of all external referrals, once a referral had been received the practice would phone the patient to let them know when their appointment was and where and check this was suitable. We believe this to be notable practice and is worth sharing.

Health promotion & prevention

The patient reception and upstairs waiting area contained a range of information that explained the services offered at the practice and the private fees for treatment.

Are services effective?

(for example, treatment is effective)

The dentists told us they offered patients oral health advice and fluoride varnish for children. The staff told us they were aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this includes fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay and evidence of this was seen in the patient dental care records. High fluoride toothpaste were also available by private prescription from the reception area.

Patients were given in depth advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process. The practice website also had information pages and advice regarding health gums and teeth.

The practice had a good selection of dental products on sale in the reception area to assist patients with their oral health. These products were also in the Hygienist surgery to help reinforce any oral health messages.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked and alcohol advice.

The practice worked closely with the local community to provide oral health awareness sessions in schools. The practice also held fun open days for children and families to attend and one of the dental nurses held an oral health session as required or when the need arose.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. The practice also held sessions to cover CPD topics for staff.

Staff meetings were used to discuss policies and also cover a variety of CPD. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the practice principals at any time to discuss continuing training and development as the need arose.

The practice also had a dental laboratory casting room where one of the dental nurses had completed a course in extending duties for impression taking, casting models. Occlusal splints and orthodontic retainers were made in house for patients and this ensured a fast turnaround for replacement appliances if required.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was scanned in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then scanned in the patient's dental care records..

The practice also had a process for urgent referrals for suspected malignancies; this included sending a fax to the local hospital where patients could be fast tracked under a two day response.

The practice kept a tracker of all referrals which had been sent. This included a list of when the letter had been sent, when any letters had been received back, any further treatment appointments required and the method of delivery. The receptionist also called the patient to ensure all appointment were in place and suitable.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment, although they were not aware of the Gillick competency.

Staff had completed training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. The dentists told us that individual treatment options, risks, benefits and costs were always discussed with each patient and recorded in the patient care records. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly, respectful and supportive towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. The practice also had removable hard drives that were removed from the site every night.

Music was played in the waiting areas for patients which provided an element of auditory privacy; a selection of magazines was available also children's books and toys. There was an area patients could watch their crown being made by the practice machine they had in a secure glass cabinet.

An information screen was available in the ground floor waiting room to help relax patients before their appointments and to display treatment the practice could provide and supporting advice.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets and the television screen in the waiting room. The practice's website provided patients with detailed information about the range of treatments which were available at the practice. This included root canal treatment, extractions, treatments for gum disease and same day crowns.

The practice had intra-oral and extra-oral cameras to take picture to show patients specific areas of concern within the patients' mouth. This information was displayed on a patient monitor within the surgery. These cameras were also used to show children areas of plaque and inflammation within the mouth and to help reinforce the importance of tooth brushing techniques.

We were told and shown within the dental care records if a patient had completed a complex treatment plan they would be contacted to ensure they had not questions or concerns. They were also offered a follow up appointment to review the treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. Slots were booked out each day and if these had been filled the reception staff and dentist reviewed the day list and discussed when would be convenient for the patient to attend.

The practice co-ordinator told us they had patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested. A variety of leaflets were available in the reception and waiting areas too.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access and a ramp to the premises accessible ground floor toilet facilities. Three surgeries are located on the ground floor of the building patients could be accommodated each day and see their own dentist.

The practice had equality and diversity policy to support staff had undertaken annual training to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. Patients were sent a text message or email to remind them of their appointment and the practice had received some feedback the email service was not working as well as they wanted to supporting patient's needs. The practice had started an audit to review the process and ensure all patient details were up to date.

The practice is open:

Monday – Friday 08:45 – 13:00 & 14:00 – 18:00 and a late night on a Tuesday till 20:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day and if not within 24 hours. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the local on call rota service where by 10 practices supported each other to provide care for all patients. If a patient from another practice was seen the on call log book was completed and a form was completed and a copy of any relevant x-rays were sent to the practice to ensure any further care and treatment could be followed up.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. One of the receptionists was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice principals to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received one complaint in the last year, we saw evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within three working days and providing a formal response in 10 days.

Are services well-led?

Our findings

Governance arrangements

The practice had won two awards in 2014 for the best dental practice and best patient care through the Dentistry Awards.

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff had key responsibilities and were aware of their roles and responsibilities within the practice.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a detailed risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control. The lead for Health and Safety had implemented a risk assessment for patients and staff prior to building work commencing on a new surgery in the basement. We believe this to be notable practice and is worth sharing.

We saw the results of the X-ray and infection prevention and control audit. All action plans and learning outcomes were not in place to continuously improve the procedures and reduce future risks. The practice had not completed an audit for patient dental care records. This was brought to the attention of the practice principals.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly various at staff meetings where relevant and it was evident that the practice worked well as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us the practice principals were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice principals told us the audits were an area of improvement for the practice at the start of the day and they were fully aware they needed to do more in this area. The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays and infection prevention and control.

Staff told us they we encouraged to complete CPD training relevant to their roles to ensure essential training was completed; this included medical emergencies, basic life support and infection prevention and control.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice principals explained the practice had a good longstanding relationship with their patients and had generations of families registered at the practice. The practice provided a continuous patient questionnaire and survey available for patients to complete and the responses were collated and report as required. This was shared at practice meetings to ensure any comments positive or negative were fed back and could be acted upon.

The practice held monthly clinical, front of house meetings and quarterly staff meetings involving as many staff members as possible. The meetings were minuted and emailed to all staff to ensure everyone saw what had been discussed if they could not attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.