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# Kingsway Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 4 August 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**

Kingsway Dental Practice is located in a residential suburb close to the centre of Chester and comprises a

reception and waiting room, two treatment rooms and an office / storage / staff room. Parking is available outside the premises. The practice is accessible to patients with disabilities, impaired 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 Thursday 9.00am to 5.30pm and Friday 9.00am to 2.00pm. The practice is staffed by a principal dentist, two associate dentists, three dental nurses who are also receptionists, and a trainee dental nurse.

The principal dentist is registered with the Care Quality Commission as an individual. 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 33 people during the inspection about the services provided. Patients commented that they found the practice excellent and well organised, and that staff were very helpful, welcoming and caring. They said they were always given good and clear explanations about dental treatment and options, and that the dentists listened to them. Patients commented that the practice was clean and comfortable. Patients were particularly complimentary about the availability of emergency appointments. One patient commented that it would be difficult to improve the service.

# Summary of findings

## Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training and knew the process 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.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, 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.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of high quality person centred care.

- The provider had infection prevention and control procedures in place and staff followed current guidelines for the decontamination of equipment however some improvements were needed to instrument storage.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment; however a formal Disability Discrimination Audit had not been carried out.

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

- Review the practice's infection prevention and control procedures and protocols in relation to instrument storage and cleaning equipment having due regard to guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.
- Review the requirements of the Disability Discrimination Act and ensure an audit of the premises is undertaken.
- Ensure the storage of records relating to people employed is in accordance with current legislation and guidance.

# 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 effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, the management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

Staff had received training in safeguarding adults and children and knew how to recognise the signs of abuse and who to report them to.

Staff were appropriately recruited, suitably trained and skilled, and there were sufficient numbers of staff. Regular appraisals were carried out and we saw evidence of inductions for new staff.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in dealing with medical emergencies.

The premises was secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

Staff had received training in infection prevention and control. There was guidance for staff on effective decontamination of dental instruments which staff were following; however improvements were needed to the storage of some instruments.

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

No  
action  


### Are services effective?

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

Dentists followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental needs and treatment provided focused on their individual needs. Explanations were given to patients in a way they understood, and risks, benefits, options and costs were fully explained. Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed together with the fees involved. The dentists kept detailed dental records.

The dentists provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. Staff received training and were supported in meeting the requirements of their professional regulator.

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 provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

## **Are services responsive to people's needs?**

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and in the patient leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' 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.

The practice had not carried out a Disability Discrimination Act audit; however the provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users and made adjustments accordingly.

The practice had a complaints policy in place which was displayed in the waiting room and outlined in the practice leaflet. Complaints were thoroughly investigated and responded to appropriately.

**No  
action**  


## **Are services well-led?**

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

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

The practice had a management structure in place and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty and staff told us they were encouraged to raise any issues or concerns.

The provider had implemented a range of policies, procedures and protocols to guide staff in undertaking tasks, and used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example, learning from complaints and gathering patient feedback.

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

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

**No  
action**  


# Kingsway 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. The 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 took place on 4 August 2016 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.

During the inspection we spoke to the dentists, dental nurses and receptionist. 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 an example of a significant event which had occurred at the practice. This event had not been recorded; However we were shown improvements which had been put in place to prevent re-occurrence. We were assured that should any significant events occur in the future these would be reported and analysed in order to learn from them, and improvements would be 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 had an understanding of 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 provider received safety alerts from the Medicines and Healthcare products Regulatory Agency and the Department of Health and disseminated these to relevant staff. These alerts identify problems or concerns relating to a medicine or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. Dentists were able to discuss examples of recent alerts with us.

### 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 practice had a whistleblowing policy in place and there was a procedure in place to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. Staff demonstrated a good

understanding of the policy. Two members of staff had lead roles for safeguarding and provided advice and support to staff if required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in 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 dentists 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. Records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed and what was due to be carried out next. Records were stored securely.

We saw that the practice followed recognised guidance and current practice to keep patients safe, for example, we checked whether the dentists used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentists told us a dental dam was routinely used in root canal treatments. This was documented in the dental records we reviewed.

### Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received life support training as a team and this was updated annually. Staff described to us how they would deal with a variety of medical emergencies. One member of 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.

# Are services safe?

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

## **Staff recruitment**

The practice had a recruitment policy and recruitment procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed the recruitment record for the newest member of staff and saw all the required information was present. We also reviewed a number of staff records for longer term staff and saw these contained, where appropriate, evidence of qualifications, evidence of registration with their professional body the General Dental Council, evidence of indemnity and evidence that Disclosure and Barring checks had been carried out. Staff employment records were stored in unlocked drawers in a number of locations which did not prevent unauthorised access. The provider assured us this would be addressed.

The practice had a comprehensive induction programme in place. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

Staff we were aware of their own competencies, skills and abilities.

## **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 staff and patients 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.

The provider had a control of substances hazardous to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained the manufacturer's product safety details to inform staff what action to take in the event of, for example, a 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 policy was in place which identified responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The provider had not implemented a safer sharps system to dispose of used needles but had risk assessed this. 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 fully familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received a 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 these vaccinations 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 manage and mitigate the risks associated with fire, for example, the principal dentist undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

## **Infection control**

The practice had an overarching infection prevention and control policy in place underpinned by a wide range of policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

One member of staff had a lead role for infection prevention and control.

# Are services safe?

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

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

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 a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

We observed that instruments were stored in drawers in the treatment rooms. The storage of some of the instruments following the decontamination process was not in accordance with HTM 01 05. We saw that some instruments required for the day were stored collectively in drawers in the treatment rooms unprotected from re-contamination. The provider assured us this would be addressed immediately. Staff told us they re-sterilised these instruments at the end of the day in accordance with guidelines.

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, and 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 recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the

environment which can contaminate water systems in buildings). Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures which assisted in monitoring the risk from Legionella. Staff discussed the daily cleaning and disinfection procedures for the dental water lines and suction unit. These procedures were in accordance with current guidelines to prevent the growth and spread of Legionella bacteria.

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

We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The provider had a cleaning policy in place and a cleaning schedule identifying tasks to be completed on a daily, weekly and monthly basis. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. The practice policy was to follow the National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency, which recommends a specific colour coding system and equipment storage method to assist with cleaning risk identification; however the colour coding system and storage method used by the practice was not in accordance with the guidance.

The segregation and disposal of dental waste was mostly in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste; however gypsum waste was not currently segregated from other waste. The provider assured us this would be addressed immediately. We saw arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

## Equipment and medicines

We saw that the provider had systems, 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.

# Are services safe?

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular current 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 fire extinguishers were regularly tested.

We saw that the provider was issuing and storing NHS prescription pads securely and in accordance with current guidance, and operated a system for checking deliveries of blank NHS prescription pads. Private prescriptions were printed out when required following assessment of the patient.

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

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 did not see

evidence that the Health and Safety Executive, (HSE), had been notified of the use of X-ray equipment on the premises; however the provider notified the HSE during our inspection.

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.

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.

Dental care records confirmed that X-rays were justified, reported on and quality assured, and we saw evidence of regular auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines, and patients and staff were protected from unnecessary exposure to radiation.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

# 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 Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentists then carried out a detailed examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment.

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 in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options, and treatment plans were informative.

We saw the dentists used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews, guidelines 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' when providing preventive oral health care and advice to

patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information on dental hygiene procedures, diet and lifestyle was given to the patients in order to improve health outcomes for them. Where appropriate fluoride treatments were prescribed. Tooth brushing techniques were explained to patients in a way they understood. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

### 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 any duties at the practice unsupervised.

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

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental professionals must be appropriately qualified and meet the GDC 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 control and radiology. The provider used a variety of training methods to deliver training to staff, for example lunch and learn sessions, external courses and online learning. The provider's training plan included the mandatory General Dental Council core topics, health and safety and a variety of generic and role specific topics. Checks to ensure dental professionals were up to date with their CPD were carried out by the provider. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

The principal dentist was actively involved in the local dental committee and participated in local and national health initiatives such as dementia awareness initiatives.

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The provider had effective arrangements in place 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 where required. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

## **Consent to care and treatment**

The dentists described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the dentists 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.

The dentists described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed in the dental care records.

NHS and private treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

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 dentists 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. Dentists 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. Staff had a good understanding 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 dentists. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

### **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 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 and refurbishment programme in place to ensure the premises was maintained to a high standard.

We saw that the dentists 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 the dentists 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. Patients commented on CQC comments cards that they were always treated as an individual.

We saw that the provider gathered the views of patients when planning and delivering the service via comprehensive patient surveys. Staff told us that patients were always able to provide verbal feedback and this was captured and analysed by the practice.

### Tackling inequity and promoting equality

The practice had not carried out a Disability Discrimination Act audit; however the provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users.

The practice was located at ground floor level and was accessible to people with disabilities, impaired mobility and to wheelchair users and parking was available outside the premises. Staff provided assistance should patients require it and a portable ramp was available to facilitate wheelchair access to the practice.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities and impaired mobility but not to wheelchairs.

The practice staff spoke a range of languages which reflected the local population demographics; however the provider did not have a formal arrangement for access to interpreter services for all patients whose first language was not English and for patients with impaired hearing.

The practice made provision for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders by a variety of methods. The practice had text phone facilities available for patients who had impaired hearing. 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.

The practice leaflet was printed in large print and an easy to read format.

### Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and the 'out of hours' appointment information were displayed at the entrance to the practice and provided in the practice leaflet. Emergency appointments were available daily. Patients confirmed in CQC comment cards that the availability of emergency appointments was excellent.

### Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and outlined in the practice leaflet. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. We saw that complaints were promptly and thoroughly investigated and responded to.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was currently managed by the provider with some lead roles delegated to staff. 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. The provider had clear and comprehensive policies, procedures and risk assessments in place. We observed that most, but not all, were regularly reviewed and reflected the specific circumstances at the practice.

The provider had systems and processes in place for monitoring and improving the services provided for patients and these were operating effectively.

We reviewed the provider's arrangements for ensuring risks were identified, understood and managed and observed, for example, risk assessments had been carried out and measures put in place to mitigate these risks. We saw that risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered and 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. We saw evidence that these arrangements were working well.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration and 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 electronically and on paper. Electronic records were password protected and data was backed up daily; paper records were stored in locked cabinets.

### Leadership, openness and transparency

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

The practice held staff meetings regularly. 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, we saw the last staff meeting included updates in relation to legionella awareness and infection prevention and control.

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

### Learning and improvement

The provider used quality assurance measures, for example auditing, to encourage continuous improvement. We saw that the audit process was functioning well. Audits we reviewed included, for example, equipment testing, X-rays, infection prevention and control and health and safety. All the audits had clearly identified actions and we saw that these had been carried out and re-auditing was used to measure improvement.

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

Staff confirmed that learning from complaints, incidents, audits and feedback was discussed at staff meetings to share learning to inform and improve future practice.

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out patient surveys. We saw that patient feedback was acted on, for example, patients had requested handrails at various locations inside the practice and these had been provided. The provider made NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

# Are services well-led?

Staff told us they felt valued and involved. Staff were encouraged to offer suggestions during staff meetings. We saw that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.