St Paul's Dental Care

St Paul's Dental Care

Inspection Report

14 Duke Street
Southport
Merseyside
PR8 1LW
Tel:01704 533686
Website: www.stpaulsdentalcare.com

Date of inspection visit: 12 September 2016
Date of publication: 11/10/2016

Overall summary

We carried out an announced comprehensive inspection on 12 September 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

St. Paul's Dental Care offers private treatment to adult patients; with dental treatment free of charge to children up to the age of six and thereafter examinations are free up to the age of seventeen. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has three dentists, two hygienists, twelve qualified dental nurses, in addition to a practice manager and two receptionists. A fourth dentist is due to commence with the practice in October 2016.

The practice is located in Southport, close to the town centre. The practice has four dental treatment rooms, a hygienist's room, a dedicated decontamination room, a waiting room and a reception area; in addition to office and storage facilities. There is access for patients with restricted mobility and families with pushchairs or young children; with treatment available in one of the ground floor treatment rooms.

Opening hours for the practice are Monday, Thursday and Friday 8.30am to 6.00pm, Tuesday and Wednesday 8.30am to 7.00pm, Saturday 9.00am to 12pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Ten patients provided feedback to us about the service and we reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine and emergency appointments and staff put them at ease and listened to their concerns.

Our key findings were:

- Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.
- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Strong and effective leadership was provided by the principal dentists and an empowered practice manager. Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients could access treatment and urgent and emergency care when required. There were clear instructions for patients regarding out of hours care.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners and practice manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had comprehensive systems and processes in place to ensure care and treatment were carried out safely. This included infection prevention and control, the management of medical emergencies, dental radiography (X-rays) and investigating and learning from incidents and complaints. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were sufficient numbers of suitably qualified staff working at the practice. The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work. For example we saw evidence of an induction period for new staff and regular staff appraisals were carried out to identify on-going training needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patient. The practice used current national professional guidance, including the National Institute for Health and Care Excellence (NICE), to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. Patients were given a written treatment plan which detailed the treatments agreed, together with the fees involved.

Qualified staff were registered with their professional body, the general dental council (GDC), and were supported to meet the requirements of their professional regulator. Staff received training appropriate to their roles. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

No action

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

Ten patients provided feedback to us. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine and emergency appointments and staff put them at ease and listened to their concerns.

The practice provided patients with information to enable them to make informed choices about treatment. Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice was aware of the needs of the local population and took these into account in how the practice was run. For example, they had extended opening hours to accommodate families and patients wanting early morning, early evening or Saturday morning appointments and had made suitable adjustments for patients with restricted mobility and families with prams and pushchairs.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

Are services well-led?

No action

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

Strong and effective leadership was provided by the principal dentists and the practice manager. Lead roles, for example regarding infection prevention and control and managing emergencies, were in place to support the manager to identify and manage risks and help ensure information was shared with all team members. Monthly practice meetings were arranged to share information, provide additional training and give staff an opportunity to raise any concerns. Staff told us that they felt well supported and could raise any concerns with the practice manager or one of the dentists.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.

St Paul's Dental Care

Detailed findings

Background to this inspection

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

This inspection took place on the 12 September 2016. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with the dentists, four dental nurses including the decontamination lead nurse, a hygienist, the practice manager and one of the lead receptionists. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from incidents and accidents. The practice manager demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had incident and accident reporting systems in place when something went wrong.

The practice responded to national patient safety and medicines alerts that affected the dental profession. 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. The principal dentists reviewed all alerts and spoke with staff to ensure they were acted upon. Relevant alerts would also be discussed during staff meetings to facilitate shared learning.

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.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the safeguarding lead and all staff had undertaken safeguarding training in the last 12 months.

The practice had safety systems in place to help ensure the safety of staff and patients. These included a risk assessment and clear guidelines about responding to a sharps injury (needles and sharp instruments).

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as blood and saliva. There were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The principal dentists were aware of national guidelines on patient safety, for example rubber dams were routinely used in root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. The principal dentists told us they would be developing a clear practice protocol regarding the use of rubber dams and the record keeping requirements on those occasions when it was not possible to use one.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).Records showed weekly checks were carried out to ensure emergency equipment was safe to use.

The practice had in place an emergency box which had emergency medicines grouped to meet the needs of each potential emergency and clear guidance about the actions to take. The emergency medicines and oxygen we saw were all in date and stored in a central location. We checked the emergency equipment and although there were adult face masks and an oropharyngeal airway available there was not a range of sizes in line with the guidance for emergency equipment in the Resuscitation Council UK guidelines. Following the inspection the practice manager confirmed they now have a range of pocket masks and airways in the practice.

Checks were in place to ensure the medicines were in date. Following discussion the practice introduced a weekly stock check to ensure the emergency medicines were

available for use. Staff had completed their annual training in emergency resuscitation and basic life support within the last 12 months. One member of staff was due to attend training in first aid and a first aid box was easily accessible.

Staff recruitment

There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedures such as health and safety requirements, practice risk assessments and patient confidentiality.

The practice had a policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed clinical staff. These 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. Records confirmed these checks were in place. We looked at the files of the two most recently appointed members of staff and found they contained appropriate documentation.

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 all employees working in the practice.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire, manual handling and patient safety. Fire detection and firefighting equipment such as smoke detectors, emergency lighting and fire extinguishers were serviced annually and checked weekly and monthly. Records showed these were up to date. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire. Fire drills were carried out every six months and discussed at the following staff meeting. Staff were knowledgeable about what to do in an emergency and designated staff were trained as fire marshals.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, lone working, manual handling, the premises and electrical equipment. They identified significant hazards and the controls or actions taken to manage the risks. The risk assessments were reviewed annually to ensure they were being managed effectively.

The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. 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.

Infection control

The practice manager and one of the dental nurses were the infection prevention and control leads and they ensured there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed guidance regarding decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures. For example, posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed in all treatment rooms. There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Are services safe?

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment rooms and the decontamination room which minimised the risk of the spread of infection. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean.

The practice routinely used a washer-disinfector machine to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in an autoclave (sterilising machine). When the instruments had been sterilised, they were pouched and stored until required. Following discussion the practice have re-instated date stamping following every sterilisation cycle rather than every 12 months. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. We also saw that general environmental cleaning was carried out according to a cleaning plan and cleaning materials and equipment were stored in accordance with current national guidelines.

A risk assessment for Legionella was carried out in October 2015 and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). These included maintaining hot and cold water temperature checks and flushing of dental unit water lines with a propriety disinfectant. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Staff completed refresher training regarding infection prevention and control at least annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

We observed the treatment rooms and hygienist's room appeared clean and hygienic; they were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Patients were positive about how clean the practice was. We observed in one of the treatment rooms a sofa with fabric covers which was not easily cleanable and an area of flooring which was carpeted. The treatment room was large and the sofa and carpet were positioned some distance from the treatment area. The practice manager confirmed these were scheduled to be replaced as part of ongoing refurbishment work.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for each treatment room which were complete and up to date. We observed that the mops used for cleaning the treatment rooms were stored in accordance National Patient Safety Association (NPSA) guidance on the cleaning of dental premises.

Equipment and medicines

There was a comprehensive system in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

Private prescriptions were stored securely and stamped at the point of issue to maintain their safe use. We found the recording of medicines prescribed was recorded in patient records. The dentists used the British National Formulary to keep up to date about medicines. Local anaesthetics were stored appropriately and batch numbers checked on delivery. Each treatment room had a supply of anaesthetics and expiry dates were checked regularly as part of stock control procedures.

Are services safe?

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. X-rays were stored within the patient's electronic dental care record. We observed in patient records any radiographs taken were justified, quality assured and reported in line with Faculty of General Dental Practice Guidance (FGDP).

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in September 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. The dentists carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP), Department of Health and General Dental Council guidelines. For example, the practice referred to NICE guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

The practice kept detailed electronic records of the care given to patients. We reviewed a number of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example we saw details of the condition of the gums using the basic periodontal examination (BPE) scores (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies. Medical history information was checked and updated at each visit. Patients signed consent forms and treatment plans electronically and provided with a paper copy.

Patient dental care records were audited to ensure they complied with guidance provided by the FGDP. The most recent audit was completed in 2016 and learning outcomes identified. Patients commented they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'(DBOH). (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the prescription of high concentrated fluoride tooth paste and the placing of fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were evident as required. Two dental hygienists and a dental nurse currently being trained in oral health education supported this area of work. The practice manager told us oral health promotion and the DBOH toolkit would be discussed at a forthcoming staff meeting as part of developing the oral health educator role.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

Staffing

The practice had three dentists, two hygienists, twelve qualified dental nurses, in addition to a practice manager and two receptionists. A fourth dentist was due to commence with the practice in October 2016. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice had developed an extended role in oral health promotion and a dental nurse was being trained to carry out this work.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. The dental nurses and receptionists had annual appraisals at which learning needs and general wellbeing were discussed. Staff told us they had good access to training to maintain their professional registration. The dentists routinely discussed and shared learning about clinical procedures, practice protocols and the outcome of audits, incidents and complaints. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the GDC. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous

Are services effective?

(for example, treatment is effective)

professional development. The practice manager kept records of staff training to monitor that mandatory training and training identified in personal development plans were being completed.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

The practice accepted referrals from several local dental practices for the placing of dental implants. The practice was committed to working in collaboration with the patient's dentist and received detailed information about the patient's dental and medical history. Prior to treatment the dentist carried out a 40 minute assessment completed a medical history form and provided the patient with a detailed treatment plan; which they signed prior to treatment commencing. Following treatment details and the outcome of the procedures of the carried out were shared with the patient's dentist.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff described the role family members and carers might have in supporting the patient to understand and make decisions. Staff had received training in and were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice had developed a protocol to ensure they had written confirmation about who could give consent on behalf of a patient when the patient was unable to give informed consent themselves.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. The dentists described circumstances which necessitated them seeking the involvement of family members and carers prior to treatment commencing and where they arranged additional appointments to support patients in deciding upon treatment.

The dental care records we looked at showed that consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed the feedback we received from ten patients. Patients were positive about the care they received from the practice and commented they were treated with respect and dignity and that staff were sensitive to their needs. Staff were prompted to be aware of patients' specific needs or medical conditions via alerts on the electronic dental care records. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. The practice had recently refurbished the reception area and created a confidential area at the rear of the reception to allow staff privacy to make phone calls or speak with patients if appropriate. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were being seen.

Patients' dental care records were stored electronically. Paper records, such as referral records and updated medical history forms, were scanned into the patient's dental care record prior to shredding. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. Staff had access to training and written guidance regarding information governance, data protection and confidentiality.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed treatment options with indicative costs. Information about private treatment costs was displayed in the waiting area and on the practice website. We saw evidence in the dental care records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

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 patient needs. For example, the practice considered the results a 2013 survey regarding the local population to help them understand how social and cultural diversity might influence patients' decisions about their care. This included the age profile of the practice population and how it might impact on the type of services delivered. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment. 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.

The practice provided patients with information in the practice leaflet, website and in the waiting room about the services they offered, the opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. There were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally the same day. Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed.

Extended opening hours to accommodate patients requiring early morning, early evening and Saturday morning appointments were in place. The practice participated in an out of hours on call service with other private practices in the local area.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice audited the suitability of the premises and had made adjustments, for example to accommodate patients with restricted mobility. There were disabled toilet facilities on the ground floor, a wheelchair access ramp, downstairs treatment room and hygienist's room suitable for wheelchairs and pushchairs. The practice manager was knowledgeable about how to access interpreter services for patients with English as a second language.

Access to the service

The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. The practice had extended their opening hours and were: Monday, Thursday and Friday 8.30am to 6.00pm, Tuesday and Wednesday 8.30am to 7.00pm, Saturday 9.00am to 12pm.

Feedback we received confirmed patients felt they had good access to routine and urgent dental care. One patient told us they were seen on the same day for an urgent appointment and the dentist moved to the downstairs treatment room to accommodate their restricted mobility. There were clear instructions in the practice, on the website and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending text and email message reminders.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. 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.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint was seen in the patient leaflet, on the practice website and in the waiting room. The practice had received one complaint in the last 12 months which had been responded to in line with its policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentists and practice manager had day to day responsibility for running the practice. They took lead roles relating to the individual aspects of governance such as responding to complaints, risk management, audit, maintenance of equipment and staff support. They were supported by staff with lead roles, for example regarding infection prevention and control and managing emergencies, to monitor the quality of the service provided. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire, exposure to hazardous substances and medical emergencies.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about equality and diversity, data protection and confidentiality. We noted policies and procedures were kept under review by the practice manager on an annual basis and updates shared with staff to support the safe running of the service.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. Strong and effective leadership was provided by the practice owners and an empowered practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. Feedback from patients reflected this approach.

Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the practice owners. The principal dentists told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were effective arrangements for sharing information within the dental team, including informal meetings and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback. Time was allocated to complete team training, for example for emergency resuscitation and basic life support. We reviewed the minutes of the most recent staff meeting in September 2016 and found they covered key issues for the dental practice such as operational updates, staff training and feedback from a patient record audit.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system. The practice had a clear commitment to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development as required by the GDC. The practice owners and practice manager encouraged staff to carry out professional development wherever possible. The practice ensured that all staff underwent regular mandatory training in areas such as cardio pulmonary resuscitation (CPR), infection prevention and control, health and safety and safeguarding. The practice manager maintained a record of all staff training to help ensure staff had the right skills and experience to carry out their work. Staff confirmed they were well supported and had good access to advice and support from within the practice as well as training opportunities.

There was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, the outcome of implant treatment, X-ray quality and record keeping. The principal dentists and practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

Are services well-led?

The practice had systems in place to seek and act upon feedback from patients using the service. Patients were invited to raise concerns or make suggestions about the service using an annual survey and by speaking directly with staff. The practice informed patients of changes they had made as a result of patient feedback, this included refurbishment of the waiting room and reception area, text and email reminders, practice newsletter and extended opening hours.

An annual staff survey was also in place to involve staff in service development. Staff we spoke with told us their views were sought and listened to and that they were confident to raise concerns or make suggestions.