Smile Concepts Limited

Smile Concepts

Inspection Report

91 Lode Lane
Solihull
B91 2HH
Tel: 0121 705 2705
Website: www.smileconcepts.co.uk

Date of inspection visit: 30 November 2015
Date of publication: 25/02/2016

Overall summary

We carried out an announced comprehensive inspection on 30 November 2015 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

Smile Concepts provides general and specialist dental services on a private basis. The service is provided by nine dentists (three of whom are specialists) and two dental hygienists. The three specialist dentists have a range of specialities amongst them including oral surgery, periodontics and restorative dentistry. They are supported by a practice manager, a receptionist, a decontamination assistant and six dental nurses (one of whom is a trainee). A chiropodist is also employed by the practice. A consultant anaesthetist visits the practice on an ad hoc basis to provide conscious sedation for nervous patients (approximately every six weeks). (Conscious sedation involves techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice is located on a main road in a residential area. There is a designated car parking bay and access to the premises for patients with disabilities. There is a reception area, waiting area, two treatment rooms and accessible toilet facilities on the ground floor to accommodate patients who cannot use the stairs. There are a further three treatment rooms, a CT scanner, a decontamination room, toilet facilities and a room for the chiropodist on the first floor. The practice is also involved in dental postgraduate training so there are training rooms available on the first floor. Opening hours are Monday, Tuesday, Wednesday, Thursday and Saturday 8:30am to 5:30pm and Friday 8am to 3:30pm.

Summary of findings

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

25 patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and we also spoke with patients on the day of our visit. Patients were positive about their experience and they commented that they were treated in a respectful and professional manner. Patients felt that the staff were friendly, caring and informative.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. They had access to an automated external defibrillator (AED). 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 had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies.
- Patients told us they were treated with respect and dignity by staff. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Governance arrangements were in place for the smooth running of the practice.

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

- Review infection control guidance for Legionella prevention and the designation of clean and dirty zones in clinical areas. (Legionella is a term for particular bacteria which can contaminate water systems in buildings).
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as qualification certificates are requested and recorded suitably. Employees should subsequently have regular appraisals to formally discuss their mandatory training, learning needs and aspirations.
- Adopt a system to monitor and maintain fridge temperature.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Accidents and incidents in the last 12 months had been documented and learning had been disseminated to all relevant staff members.

The practice had systems to assess and manage risks to patients, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. They had a robust recruitment policy to help ensure the safe recruitment of staff; however, not all of the staff files contained character references as stated in their own policy.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients' dental care records provided information about their medical history, dental treatment and oral health advice. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP).

Staff were knowledgeable about the importance of gaining patients' consent to care and treatment and this was documented. Staff members were familiar with the requirements of the Mental Capacity Act 2005.

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the 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 an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patient feedback was very positive about the care they received from the practice. They commented they were treated with kindness while they received treatment. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. Patients commented they could access treatment for emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was an effective procedure in place for acknowledging, recording, investigating and responding to complaints made by patients. This system was used to improve the quality of care.

The practice offered disabled access and had accessible parking, toilet facilities and treatment rooms on the ground floor.

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 staff we spoke with felt supported in their own particular roles.

There were several systems in place to monitor the quality of the service including various audits. The practice used various methods to successfully gain feedback from patients.

Practice meetings were held every 6-8 weeks but were not always documented in sufficient detail for learning purposes. These provided staff the opportunity to discuss concerns and any suggestions.

Smile Concepts

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.

We inspected Smile Concepts on 30 November 2015. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the practice manager, two dentists, two nurses and a receptionist. We also spoke with patients and reviewed CQC comment cards which patients had completed. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

100% of dental care and treatment provided at this practice is private.

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 clear guidance for staff about how to report incidents and accidents. We saw evidence they were documented, investigated and reviewed by the practice. All incidents were reviewed by the practice manager on a monthly basis. We were told that incidents were always discussed with all staff members; however, this was not always documented. The last entry in the accident book was in November 2015 and it had been documented and investigated appropriately.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no RIDDOR reportable incidents in the previous 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with the MHRA (Medicines and Healthcare products Regulatory Agency). The practice manager was responsible for obtaining information from relevant emails and disseminating the information to all staff members. The practice utilised a memo system whereby the practice manager would display a memo of relevant information in the staffroom. Staff members were required to sign this once they had read the alert. The practice also had arrangements in place to report any adverse drug reactions to the MHRA via their Yellow Card Scheme.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead in the practice. Staff members we spoke with were all knowledgeable about safeguarding but not all had completed safeguarding training in the past 12 months. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to do so.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway. We were told that a rubber dam kit was available in each treatment room and that all dentists were routinely using a rubber dam for all stages of the root canal treatment.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event has the potential to cause serious patient harm or death. Staff members we spoke with were aware of Never Events and had processes to follow to prevent the occurrence of these events (such as extracting the wrong tooth).

All staff members we spoke with were aware of the whistleblowing process within the practice. There was also a policy in the staff handbook for raising concerns. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

We reviewed the practice policy on duty of candour. The intention of this regulation is to ensure that staff members are open and transparent with patients in relation to care and treatment.

Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. 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.

Staff received annual training in the management of medical emergencies. Staff members we spoke with were all aware of the location of the emergency equipment and drugs.

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use

Are services safe?

(daily checks of the AED and oxygen and weekly checks of all other equipment and medicines). The emergency medicines were all in date and stored securely. Glucagon (one type of emergency medicine) was not stored in the fridge and this does reduce its expiry date to 18 months after the date of purchase. This medicine was in date and the expiry date was discussed with the practice manager.

Staff recruitment

The practice had a policy for the safe recruitment of staff. This included Disclosure and Barring Service (DBS checks), professional registration, identity checks, references and the immunisation status for staff. We viewed three staff files and they all contained the information stated in their own policy apart from one reference for one staff member. We were told this reference had been requested but they had not yet received it. All other required information was present in the three staff files we viewed on the day of inspection.

The practice had a robust system in place to monitor professional registration and medical indemnity of the clinical staff members. We saw certificates were present and all had been updated to reflect the current year's membership for dentists and dental nurses.

Monitoring health & safety and responding to risks

We saw evidence of a business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. The plan was specific to the practice and had most relevant contact details in the event of an emergency. Some contact details required an update to reflect all current emergency contacts. The practice manager assured us they would update this.

The practice had arrangements in place to monitor health and safety. Risk management policies were in place. For example, we viewed a fire safety risk assessment undertaken in February 2015 by the practice manager. This was reviewed on an annual basis and we saw that an action plan had been generated as a result of the assessment. We also saw a policy on fire safety in the practice. We saw records that fire extinguisher inspections took place weekly and fire doors monthly. Fire alarms were tested weekly and emergency lighting on a monthly basis.

We were told that the practice carried out fire drills at every staff meeting (usually every 6-8 weeks); however, this was not always documented. A carbon monoxide detector was present. We did not see any evidence of fire safety training.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. The practice identified how they managed hazardous substances in their health and safety and infection control policies. The COSHH folder was reviewed annually but did not contain information about blood or saliva.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice mostly followed the guidance about 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)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We reviewed a selection of staff files and saw evidence that all clinical staff were immunised against blood borne viruses (such as Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be visually clean and hygienic. Several patients commented that the practice was clean and hygienic. Work surfaces and drawers were clean and free from clutter.

There were handwashing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. We saw that the treatment rooms had designated clean and dirty zones but these were not always correctly labelled. We saw that the handwashing sink in one treatment room was in the dirty zone when it should be in the clean zone. The practice was computerised and the keyboards in the treatment rooms had water-proof covers. The practice used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM

Are services safe?

01-05 guidance an instrument transportation system was in place to ensure the safe movement of instruments between the treatment room and the decontamination room.

Sharps bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for monthly disposal by a registered waste carrier and appropriate documentation retained. There were no clinical waste bins in the decontamination room. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. We saw a few packaged instruments stored in the treatment room which were outside the expiry date; however, we were told these instruments were no longer in use. There was no system for checking the expiry dates of processed and packaged instruments – this was discussed with the infection control lead nurse and they assured us they would adopt a protocol for this.

The practice was using an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. The practice had an illuminated magnifying glass to improve the value of the inspection process. Staff were using this prior to bagging the instruments and not prior to sterilisation (as recommended in HTM 01-05). The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and these were replaced on a weekly basis in line with HTM 01-05 guidance.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted. Staff also confirmed this with us.

The practice manager informed us that all general cleaning (such as the treatment room floors and other rooms in the building) was carried out twice a week by an external cleaner. The cleaning was carried out by the dental nurses on all other clinical days – there was a rota and instructions for this. Colour coded cleaning equipment and cleaning products were supplied by the practice.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Two audits in infection control had been carried out in 2015 (February and November). Overall, the results were very good. Areas requiring improvement were required in some areas and suggestions were disseminated to all relevant staff. The practice told us they planned to re-audit in six months.

A risk assessment process for Legionella was carried out in March 2015 and an action plan was formulated. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice was recording the water temperature to check that the temperature remained within the recommended range. However, we saw that the water temperature was not always within the recommended range. This was discussed with the practice manager and they told us they would arrange for a competent person to adjust the thermostat. We viewed a written management scheme and its implementation. Staff members were following the guidelines on running the water lines in the treatment rooms to prevent Legionella.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray set, pressure vessels and autoclaves. Some dental materials were stored in the fridge but we did not see evidence that the temperature was being maintained appropriately. We saw a certificate to state that Portable Appliance Testing (PAT) was completed in April 2015. (PAT confirms that electrical appliances are routinely checked for safety).

The batch numbers for local anaesthetics were recorded in patient dental care records. The practice had a robust protocol for dispensing medicines to patients. Stock rotation of all dental materials and medicines was carried out on a regular basis and all materials and medicines we viewed were within their expiry date.

Are services safe?

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the file for all staff to reference if needed.

We did not see any evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this. This was resolved immediately as the practice manager emailed them during our visit.

An X-ray audit was carried out in August 2015. The results of this audit highlighted a few areas that required improvement. An action plan was subsequently implemented and relevant staff members were informed of the findings. The practice manager informed us that improvements had been made as a result of this audit.

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 in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE (National Institute for Health and Care Excellence – this is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines) guidance to determine a suitable recall interval for their patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We talked to the dentist about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at dental care records. Clinical records were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was following the recommended guidance in adults and children. We saw that patients with gum disease were managed appropriately and many were referred to the dental hygienist for further gum treatment. The dentists were also recording the patient's individual risk to dental disease. The practice used other guidelines and research to improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded as well as a report on the X-ray findings. Records showed that treatment options and costs (where applicable) were discussed with the patient.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with and the dental records showed that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There was a handbook for patients in the waiting room and this contained information on oral health. There were oral health promotion leaflets available in the practice to support patients look after their health. Examples included information about tooth decay, oral cancer and gum disease.

Some of the staff members were involved in promoting oral health in the local community. They would often visit local schools to promote good oral health. They had also planned to visit a local care home to speak with carers about oral health promotion.

The practice carried out preventative care and supported patients to ensure better oral health by advising them on several factors that affect oral health. Examples included advice on smoking cessation, alcohol reduction and diet. The practice referred to guidance in 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.

Staffing

Newly appointed staff had an induction programme to familiarise themselves with the way the practice ran.

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee nurses as only qualified staff can register) and all certificates were available in the practice.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. The practice had a policy where staff were advised that no more than two staff members should take annual leave simultaneously. We were told that locum dental nurses were utilised whenever they were short-staffed.

Are services effective?

(for example, treatment is effective)

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice. We saw evidence that some staff members were receiving annual appraisals and reviews of their professional development but not all.

Some of the dental nurses had carried out additional training which would allow them to undertake extended duties such as taking dental X-rays and providing oral health education. One nurse was undergoing training on dental impression taking. There was also a treatment co-ordinator and they were responsible for carrying out consultations with patients who required additional information or support with their dental treatment options.

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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. We viewed one referral letter and noted it was comprehensive to ensure the specialist service had all the relevant information required. We were told that patients were routinely offered a copy of their referral letter.

The practice understood the procedure for urgent referrals, for example, patients with a suspected oral malignancy.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began.

Staff members were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We also viewed some examples of capacity assessments for patients who potentially lacked the capacity to consent which was carried out in line with the MCA.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

25 patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with three patients on the day of the inspection. Overall the information from patients was positive. Patients were positive about their experience and they commented that they were treated with compassion and respect. They said that staff listened to them and were helpful. Staff told us that they always interacted with patients in a respectful and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments. We observed staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. Staff said if a patient wished to speak in private an empty room would be found to speak with them. The practice had private consultation rooms specifically designed for this purpose. We were told that all staff had individual passwords for the computers where confidential patient information was stored. Staff told us they all logged out of the system whenever the computers were unattended.

We were told that the practice appropriately supported anxious patients using various methods. They would book longer appointments so there was extra time to support patients' needs and ample time to speak with the staff. The practice booked appointments for discussions only (without any treatment) if the patient requested; this would help to build trust and confidence between the patient and staff. Appointments were available with non-clinical staff such as the treatment coordinator. (Treatment coordinators hold non-clinical consultations with the patient to discuss topics such as treatment planning, options and treatment fees). For children (especially anxious patients), the dentists used child appropriate language and the tell-show-do technique. The tell-show-do technique is an effective way of establishing rapport as it is very much an interactive and communicative approach.

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. Patients were also informed of the range of treatments available.

Examination and treatment fees were displayed on the practice website and in the patient handbook in the waiting room. The practice was in the process of compiling information leaflets for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with disabilities were able to access the practice as there was a treatment room situated on the ground floor.

We found the practice had an efficient appointment system in place to respond to patients' needs. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. If the dentist was running late, the receptionist would inform the patient so that they had the opportunity to rebook the appointment if this was more convenient for them.

We were told that there were dedicated daily slots incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Consequently, staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours.

Patient feedback confirmed that the practice was providing an excellent service that met their needs. The practice offered patients a choice of treatment options to enable them to receive care and treatment to suit them. Practice newsletters were available to patients on a quarterly basis.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice appeared to recognise the needs of different groups in the planning of its services. The practice did not have audio loop systems or signs in Braille for patients who may have hearing or visual impairments respectively. However, the practice was able to communicate with these patients using various methods so that patients could still access the services.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

We were told that the need for an interpreting service was low at this practice as the vast majority of patients spoke fluent English. We saw evidence that they had access to an interpreting service.

We were told that conscious sedation was provided at the practice for anxious patients by the visiting consultant anaesthetist on an ad hoc basis. We were told the anaesthetist brought their own sedation equipment and drugs (including flumazenil – the antagonist sedative drug) to facilitate safe sedation in line with current guidance. We were told that the anaesthetist contacted patients requesting sedation prior to the treatment appointment. This provided the patients the opportunity to receive all necessary information regarding the sedation procedure. We were told written and verbal information was always provided to patients requesting sedation.

Access to the service

The practice displayed its opening hours in the premises. Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. The practice had a rota system with local dental practices and they shared their out-of-hours services amongst them. Details were provided on the telephone answering machine.

Concerns & complaints

We saw evidence that complaints received by the practice had been recorded, analysed, investigated and learning had been identified. We found that complainants had been responded to in a timely manner. Any learning identified was cascaded personally to team members.

The practice had a complaints process 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. Information for patients about how to make a complaint was available at the practice.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments.

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. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and infection control lead.

Learning and improvement

The clinical team members participated in informal local peer reviews within the practice. Peer review enables groups of dental professionals to work together to improve the quality of the service provided by reviewing aspects of aspects of clinical practice. We were also told that one of the dentists arranged formal peer review clubs on a quarterly basis.

Staff told us they had access to training and the practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff employed at the practice. This included emergency resuscitation and immediate life support and infection control. The practice manager kept a CPD log for all staff members.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping and infection control. A dental care record keeping audit was undertaken in September 2015. This highlighted some areas of improvement – the practice acted upon this and shared the information with the relevant staff members. The practice carried out these audits on an annual basis but planned to carry out the next one in six months to ensure that the changes had been implemented.

Regular meetings were held where learning was disseminated. We saw that these meetings took place every 6-8 weeks. Meetings were usually minuted but they were not consistently comprehensive. This is an important exercise as they serve as useful review documents for staff to reference at a later date. Also, any staff members that were absent on the day can update themselves.

We were told that all staff members (apart from the dentists) had annual appraisals where learning needs, concerns and aspirations could be discussed. During our visit, we reviewed some staff appraisals but not all of the dates were documented on the individual reports. The practice manager contacted us subsequent to this inspection and provided evidence to show that several appraisals had taken place within the last twelve months (December 2014 and January 2015).

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice. The practice had systems in place to involve, seek and act upon feedback from people using the service. This included a suggestion box for patients and biannual patient satisfaction surveys. The last survey was carried out in June 2015 and we saw evidence that the results were analysed and actioned where possible. The practice manager told us they were arranging to have a hand-rail fitted outside where there is a step leading to the practice – this was in response to patient feedback.

Staff we spoke with told us their views were sought and listened to but there were no dedicated staff satisfaction questionnaires.