

## Northwick Manor Dental Practice

# Northwick Manor Dental Practice

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 7 March 2017 to ask the practice the following key questions: Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Northwick Manor Dental Practice is situated two miles north of Worcester city centre. First established in 2006 the practice moved to new premises in July 2016 under new ownership. The practice provides private dental treatment for all age groups.

The practice is operated by a partnership and one of the two partners 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.

Northwick Manor Dental Practice has five dentists (including the two partners), one dental hygienist, three dental nurses and a receptionist. The practice was making plans for a visiting implantologist to start treating patients at the practice from April 2017.

The practice accommodation includes three dental treatment rooms one of which is on the ground floor. There is a separate decontamination room for the cleaning, sterilising and packing of dental instruments. The practice has level access throughout the ground floor

# Summary of findings

including the patient toilet which is fully accessible for patients who use wheelchairs. There is a small step from outside into the building and the practice has a portable ramp available if a patient needs this.

The practice is open from 8am to 5.30pm Monday to Friday with appointments booked between 8.30am and 4.40pm. Limited weekend and evening appointments are available by individual arrangement with individual patients. The practice stays open throughout the day and staff arrange their lunch breaks so someone is always available to answer the telephone or speak to anyone who calls in. The practice website and information pack provides telephone numbers for patients needing emergency dental treatment when the practice is closed.

Before the inspection we sent CQC comment cards to the practice for patients to give us their views. We collected 37 completed cards. We also spoke with one patient during the inspection.

All of the information we received about the practice was positive with patients speaking highly of the service they received. People told us the practice team were professional, caring and responsive and many said they recommended the practice to other people. Patients confirmed that their dentist provided them with clear information about their treatment. Those that commented on cleanliness confirmed that the practice was clean and hygienic. The practice's in house survey results for July to October 2016 and reviews on social media also showed high levels of patient satisfaction.

## Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience. National guidance for cleaning, sterilising and storing dental instruments was followed.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had the recommended medicines and equipment needed for dealing with medical emergencies and completed the expected checks to make sure these were in working order and within their expiry date.
- Staff received training appropriate to their roles and were encouraged and supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used survey forms to enable patients to give their views about the practice and we saw that they acted on suggestions made.
- The practice had comprehensive governance arrangements including policies, procedures and risk assessments to help them manage the service safely.
- The practice used audits to monitor quality in a range of areas and make improvements to the service.

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

- Review information kept at the practice in respect of the products used with reference to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and check that all documentation is up to date.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems to assist in the safe management of the service including the care and treatment provided to patients. These were well organised and staff were aware of them.

There were policies and risk assessments for important aspects of health and safety including infection prevention and control, fire safety and radiography (X-rays). Records relating to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 needed to be reviewed.

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals was readily available for staff to refer to.

No action



### Are services effective?

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

The practice assessed patients' care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. They provided patients with written treatment plans and patient feedback confirmed that their care was discussed with them clearly and thoroughly. Referrals to other dental and NHS services were made in line with relevant guidance when this was necessary.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent from patients. The practice team were aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

No action



### Are services caring?

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

All of the information we received about the practice was positive with patients speaking highly of the service they received. People told us the practice team were professional, caring and responsive and many said they recommended the practice to other people. The practice's in house survey results for 2016 and reviews on social media also showed high levels of patient satisfaction.

The practice had clear policies and processes for ensuring patient confidentiality and protecting personal information. This was covered in the practice's annual staff training programme. Members of the team we spoke with were polite and helpful and we saw that they dealt with patients in a warm and professional way.

No action



# Summary of findings

## Are services responsive to people's needs?

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

All the patient feedback we reviewed was very positive and confirmed that patients and their families received a personalised service that met their needs. The practice had a formal assessment completed by a specialist company to help them make reasonable adjustments for patients with physical and sensory disabilities.

Patient feedback confirmed that they were able to obtain routine and emergency appointments when needed. The practice was open from 8am to 5.30pm Monday to Friday with appointments booked between 8.30am and 4.40pm. Limited weekend and evening appointments were available by arrangement with individual patients. The practice were committed to seeing patients experiencing pain on the same day. They took part in an emergency on-call arrangement with some other local practices.

There was a suitable complaints procedure which described how patients could raise concerns about their care and treatment. The practice policy was to record and learn from all concerns raised by patients even when these were informal comments. We saw two examples of this and noted that the practice had provided polite and explanatory responses to the patients concerned and apologised for the issues highlighted. The practice had not received any formal complaints.

No action



## Are services well-led?

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

The partners had prioritised continuity of care, effective leadership and consolidating governance arrangements during the change of ownership and move to new premises. This had resulted in minimal disruption during a period of considerable change. Staff felt supported and respected and were positive about the transition.

The practice had established quality assurance processes, policies, procedures and risk assessments to support the management of the service. The practice's arrangements for management and administration of the service were effective and the whole practice team were highly motivated to continually improve the service.

An annual appraisal system had been established and staff told us they were well supported by the partners.

The practice used their patient surveys and social media to monitor patient satisfaction and obtain their views about the service. They considered and acted on patients' suggestions. The practice used a mixture of informal communication and staff meetings to provide training and to discuss the management of the practice and the care and treatment provided.

No action



# Northwick Manor Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 7 March 2017 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the two partners and one other dentist, dental nurses and reception staff. We

looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 37 patients in comment cards provided by CQC before the inspection. The practice provided information from their first patient survey carried out between July and October.

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 a policy about accidents, incidents and significant events. This described the types of issues the practice would record and act on to help them improve. The practice had structured forms for staff to use to report incidents. There had only been two minor sharps injury incidents both of which were recorded as significant events and as accidents. The records showed these were discussed with staff; for example, staff were reminded to use a long handled brush when cleaning used instruments manually.

The practice was aware of the requirement to record and report accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and used suitable accident record forms.

Both partners received national alerts about safety issues such as those relating to medicines, equipment and medical devices. The practice printed any relevant to a dental setting and kept them in a clearly marked folder. The partners confirmed that they had checked recent alerts about a medicines recall and a fault with a brand of automated external defibrillator (AED) and confirmed they did not have the items in question. The practice did not have a structured system for recording that they had checked alerts but immediately created a recording form to keep at the front of the alerts folder.

The practice had a policy regarding the legal requirement, the duty of candour. This legislation requires health and care professionals to tell patients the truth when an adverse incident directly affects them. No incidents had taken place where the practice would have needed to take this into account but the partners were knowledgeable about the requirements and had included the topic in their annual staff training programme.

### Reliable safety systems and processes (including safeguarding)

The staff were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in challenging circumstances. The practice had named safeguarding leads (the partners) and child and adult safeguarding policies and procedures based on national and local safeguarding

guidelines. Contact details for the relevant safeguarding professionals in Worcestershire were available for staff to refer to. Staff had completed face to face or on-line safeguarding training at a level suitable for their roles.

The dentists we spoke with confirmed they used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the rubber dam kit and examples for each dentist that they recorded its use in patient records.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. They had a sharps policy and risk assessment. The practice used single use syringes designed to minimise the risk of sharps injuries. Staff confirmed that the dental nurses were not expected to handle syringes and needles and so were not at risk of injury. These arrangements were detailed in the sharps risk assessment.

### Medical emergencies

The practice had arrangements to deal with medical emergencies including an AED.

We saw evidence that staff had completed training relevant to their role during 2016 including management of medical emergencies, basic life support training and training in how to use the AED. We saw that medical emergency practice was included in the structured annual training programme that the practice had introduced.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen, including a spare cylinder, and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The emergency medicines and equipment were kept in an accessible location in a clearly signed cupboard. Glucagon, a medicine used to treat patients with diabetes experiencing extreme low blood sugar levels was available. The practice had decided to store this with the other emergency medicines and had made the necessary adjustment to the expiry date because it was not refrigerated. Staff kept weekly and monthly records of the checks they made to check the emergency medicines and

# Are services safe?

equipment were available, within their expiry date, and in working order. They told us that the AED was checked daily to make sure the battery was working; they had not recorded this but said they would do so in future.

## Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This did not specify all of the details set out in the relevant regulations. The registered manager immediately added a copy of the specific page of the regulations as an appendix to their policy so they could refer to this when any future appointments were made. The registered manager showed us a form they planned to introduce to help them monitor that the required information was up to date and available for each member of the clinical team. This included essential details such as current GDC registration, professional indemnity insurance cover and mandatory training.

All but one member of the team had worked at the practice since 2006 under its previous ownership. The practice had recruited one dental nurse since the new owners took over and were registered by CQC in July 2016. We looked at the recruitment records and saw that the recruitment information obtained was appropriate. This person had obtained their dental nurse qualification in another country and we saw evidence that they had applied for registration with the GDC.

The practice policy was to obtain Disclosure and Barring Service (DBS) checks for all members of staff, whatever their role. The DBS carries out checks to 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.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The practice indemnity cover included the dental nurses and we saw evidence that this was in place and up to date.

## Monitoring health & safety and responding to risks

The practice's health and safety policies were up to date, kept under review and covered general workplace and specific dentistry related topics. Employer's liability insurance and staff professional indemnity insurance was in place.

The practice had information about the control of substances hazardous to health (COSHH). The folder included manufacturers' data sheets and some product specific risk assessments for dental products and materials used at the practice. However, when we looked through the folder we found that some data sheets were up to 10 years old. The partners agreed that these may no longer be current and said they would complete a comprehensive review of all of the contents to ensure these were up to date and accurately reflected all the products used.

The practice had adopted a latex free policy and had moved to using non-latex disposable gloves to remove the risk to patients or staff who might be allergic to this.

The practice had a fire risk assessment completed as part of the commissioning of the new premises and fire safety systems in June 2016. The registered manager had done a fire warden course and conducted a weekly fire alarm test and weekly and monthly fire safety audits and kept records of these. We saw that they had recorded that fire drills had taken place in October and November 2016. The record did not include details of the staff who were present for these. The registered manager acknowledged that this was necessary to monitor which staff had taken part in drills over time.

The practice had a business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. This included details of relevant contacts including staff members, contractors and commissioners. The registered manager kept a copy off site to ensure information was available if the building was unsafe to enter.

## Infection control

The practice was visibly clean and tidy. A number of patients who commented on this in their comment cards confirmed this was their experience. Cleaning equipment was available and colour coded appropriately to help reduce the potential for cross infection. The practice had cleaning schedules to specify the various cleaning tasks to be carried out and the frequency of these. They used an agency for the general cleaning of non-clinical areas at the practice. The same cleaner worked at the practice each day for continuity and kept a record to confirm they had carried out the required cleaning tasks each day.

The Health Technical Memorandum 01-05:  
Decontamination in primary care dental practices



# Are services safe?

(HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. The practice had an infection prevention and control (IPC) policy which was reviewed and updated when the practice changed ownership in June 2016 and moved to new premises. One of the dental nurses was the IPC lead for the practice.

The practice completed IPC audits and used the format from the Infection Prevention Society (IPS) for this. We saw audits were completed in June 2016 and March 2017 and had been acted on. They planned to complete these every six months in future.

We reviewed the practice's processes for the cleaning, sterilising, and storage of dental instruments and looked at their policies and procedures which were in line with HTM01-05.

Decontamination of dental instruments was carried out in the separate decontamination room. On some days a dental nurse was assigned to be the decontamination nurse whilst on other days the dental nurses worked as a team to ensure that instruments were processed. The partners explained this worked well for them at present because the appointment timings provided the dental nurses with sufficient time for this.

The clean and dirty areas of the decontamination room and treatment rooms were clearly identified. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. This included sterilising new re-usable instruments before they used them for the first time.

The practice kept records of the expected decontamination processes and checks including those to confirm that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

The practice had personal protective equipment such as heavy duty and disposable gloves, aprons and eye protection available for staff and for patients. We saw that staff working in the decontamination room used goggles to protect their eyes from spray and particles while processing instruments. There were designated hand wash basins in the treatment rooms and decontamination room for hand hygiene. Automatic dispensers with liquid soap, hand gel

and hand cream were provided in the clinical areas. There was liquid soap, paper towels and hand cream in the staff and patient toilets. Wipe clean keyboards were used for the computers in the treatment rooms and disposable covers were used for equipment handles such as the dental unit lights.

Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids or mercury spillage safely. The risk of the latter was minimised by the use of encapsulated amalgam.

A Legionella risk assessment was completed by a specialist company in 2016 when the premises were commissioned. Legionella is a bacterium which can contaminate water systems in buildings. The practice records showed that they had acted on all the recommendations in the risk assessment. The registered manager told us they intended to ask the company to repeat the audit after the first year of operation rather than the usual two years. This was because they wanted to confirm that they had completed the actions satisfactorily and consolidated their Legionella precautions effectively.

We saw that the practice carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm, such as Legionella, in the dental waterlines. They had recently started regular testing of the water line system using a testing facility provided by the manufacturer of the chemical used. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents. Waste was stored securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was displayed for staff to refer to and they were aware of what to do. The immunisation status of each member of staff was available in staff records. Appropriate wall mounted secure boxes for the disposal of sharp items were used.



# Are services safe?

## Equipment and medicines

The practice obtained all their dental equipment from the same well known dental supplier to ensure they only purchased genuine equipment manufactured to the required standard. We saw up to date maintenance and revalidation records for the X-ray equipment and the equipment used to clean and sterilise instruments. The pressure vessel equipment at the practice had been inspected during 2016 and appropriate insurance was in place.

Certificates were available showing that the portable electric appliances were checked annually. We saw the practice's current Landlord's Gas Safety Certificate and records confirming that the five year electrical installation test had been completed by an appropriately qualified electrician as part of the commissioning of the new premises in June 2016.

The practice held a small supply of antibiotics and painkillers for dispensing to patients. These were stored securely and the practice had suitable stock control records which included expiry dates. Medicines were labelled with the required information when given to patients and manufacturers' patient information leaflets were provided. Private prescriptions were provided when necessary. These were written on headed paper and, in line with expected security measures, were not endorsed with a practice stamp until after they were completed, dated and signed by a dentist for a specific patient.

The practice had a refrigerator to store temperature sensitive medicines and dental materials. They checked the refrigerator temperature daily and kept a record of this.

The practice recorded the name, batch numbers and expiry dates of local anaesthetics in patients' records.

## Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We established that the required information was available including the local rules, an inventory of equipment used to take X-rays and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The required notification to the Health and Safety Executive (HSE) that radiography equipment was used at the premises had been made when the equipment was installed at the new premises. The records showed that the practice had a contract with a specialist company for maintaining the X-ray equipment and that relevant checks were up to date.

We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

The practice used digital X-ray machines, beam aiding devices and rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received. We saw evidence that the dentists justified, graded and reported on the X-rays they took.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice team were aware of published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies. This included NICE guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals. Although as a private service the practice had no contractual obligation to do so, the dentists confirmed to us that they took these into account when planning and providing individualised treatment to patients.

The dentists kept comprehensive records about patients' dental care and treatment. This included a structured assessment of each patient's risk factors for tooth decay, gum disease and oral cancer which was completed at every check-up appointment.

The dentists assessed the condition of the patients' gums at every check-up appointment using the basic periodontal examination (BPE). The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums. Patients who needed ongoing advice, support and treatment in relation to their gum health were referred by the dentists to the dental hygienist at the practice or to other specialist periodontal services.

The practice asked all patients to fill in a medical history form and checked and updated this information at every appointment.

### Health promotion & prevention

The practice was in an area which had fluoridated water. The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would be beneficial. We confirmed that the dentists used fluoride varnish for children in accordance with guidance in the Delivering Better Oral Health Tool-kit from the Department of Health based on an assessment of the risk of tooth decay for individual children. The partners explained that the limited numbers of their patients who were children generally had excellent oral health.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments as these all have an impact on oral health. A range of dental care products were

available for patients to buy. There was information in the treatment rooms about various dental and other health related subjects so they could be given to patients during their appointments if needed.

### Staffing

During the transition of the practice to the new owners a locum dentist was employed to enable the previous owner to gradually reduce their hours. This meant that the change to a new dentist for some patients could be managed gradually. The locum had been retained by the practice to work one day a week for continuity and because they were popular with patients.

We confirmed that clinical staff completed the continuous professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had copies of staff training certificates and we saw evidence that staff kept records of their individual CPD. The registered manager showed us a training record sheet they were about to introduce to help them record and monitor specific topics covered by clinical staff for their CPD.

We saw that the practice had established a staff appraisal system with a structured appraisal form to help staff prepare for this. This included sections to record their identified learning needs and professional development plans.

The practice had a structured induction checklist for new staff. This showed the topics that would be covered. We looked at the induction checklist for the one recently appointed member of staff. This confirmed that all of the areas listed had been covered with them. We highlighted that there was no space to record reviews of their progress although we noted that the member of staff had already received an appraisal of their first month at the practice and there were written records for this.

### Working with other services

The practice had a structured referral policy and supporting information for when they needed to make referrals to NHS dental hospitals and access clinics or to specialist private dental services. This was usually because a patient needed specific specialist care or treatment that the practice did not provide. The dentists also referred

# Are services effective?

(for example, treatment is effective)

patients to the practice's dental hygienists and we saw evidence that this was clearly recorded in patients' records. We saw examples of referral letters all of which contained clear information about the reasons for the referral.

Patients were referred for investigations in respect of suspected oral cancer in line with NHS guidelines. This included referrals under the national two week wait arrangements.

The practice told us that they would provide a copy of a patient's referral letter if a patient asked for this. For routine non-urgent referrals patients were asked to let the practice know if they did not hear anything about their appointment within one month. Urgent referrals were actively followed up by the practice.

## **Consent to care and treatment**

Members of the practice team understood the importance of obtaining and recording patients' consent to treatment. Depending on the extent of the treatment a patient needed the dentists recorded verbal consent in the notes and provided written estimates with a consent form which they asked patients to sign two copies of, one for the practice and one for the patient to keep. For more complex treatments a more detailed consent form was used with written treatment plans detailing the risks and benefits of

the available options. Patients who commented on the information provided said their dentist listened to them and gave them clear information about their treatment and the options available to them.

The practice had a consent policy which included information about the Mental Capacity Act (MCA) 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. The MCA was also referred to in the practice's safeguarding policies and copies of the Act, supporting Code of Practice and national guidance were all available for staff to refer to. None of the dentists had needed to complete a mental capacity assessment or record a best interest decision but they demonstrated an understanding of what this involved although not all had completed specific MCA training.

The practice's consent policy referred to decision making where young people under the age of 16 might be able to make their own decisions about care and treatment. The dentists and dental nurses were aware of the need to consider this when treating young people but had no specific examples of occasions when they had needed to do so.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We gathered patients' views from 37 completed CQC comment cards and by speaking with one patient during the inspection. All the information was positive about the approach of the dentists and other members of the practice team. The information showed that the practice and members of the team were highly regarded. Patients described staff as welcoming, cheerful and supportive. They were unanimous in their positive view of the care and treatment they received. This picture was endorsed by the results of the practice's own survey carried out between July and October 2016 in which patients consistently scored the practice at the highest end of the scale for all the questions asked.

All members of the team we spoke with during the inspection were polite and helpful and we saw that they dealt with patients in a warm and professional way.

The reception desk and ground floor waiting area room are in the same room. Staff told us that when patients needed more privacy to discuss something they used the practice manager's office for this. Background music was played to

improve privacy during phone calls but staff told us these could also be dealt with in the office if necessary. The height of the desk and the position of the receptionist computer screens ensured patients could not see these. No personal information was left where another patient might see it.

The practice had confidentiality, data protection and information governance policies and staff had signed to confirm they had read and understood these. Reception staff understood their responsibility to take care when dealing with patients' information in person or over the telephone. A leaflet describing the practice's approach to safeguarding patients' personal information was included in the practice information pack.

### **Involvement in decisions about care and treatment**

The CQC comment cards included information that patients received clear information about their treatment and that any questions they had were answered. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves that they understood their treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We gathered patients' views from 37 completed CQC comment cards, a conversation with a patient and the practice's own patient surveys. All the information we reviewed provided a positive picture of the service with patients describing high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had few patients for whom they needed to make adjustments to enable them to receive treatment. However, one described an example of a patient who might find it unsettling to wait too long in the waiting room before an appointment. The team kept this in mind to make sure they saw them as soon as possible after they arrived. Staff also told us that they telephoned some older patients on the morning of their appointment to make sure they were able to get to the practice.

We discussed the appointment booking system with reception staff. They explained that appointments for treatment were booked according to the treatment needed. The dentists used the computer system to let reception staff know how long an appointment needed to be and frequently came to the desk with patients to discuss this.

The practice had a patient information leaflet and a new practice website providing a range of information about the practice and the service it provided. The previous website was still available with details of the new address and practice telephone number as temporary safety net for patients until the practice was sure all their patients had the new information. Patients were provided with written information about the fees for private treatment and the details of a dental payment plan the practice made available.

The practice was making plans for a visiting implantologist to start treating patients at the practice from April 2017 so patients could have this treatment at their own practice rather than being referred elsewhere.

### Tackling inequity and promoting equality

The practice premises were accessible for patients with mobility difficulties. They had a formal assessment completed by a specialist company to help them make reasonable adjustments for patients with disabilities. There

was a small step from outside into the building and the practice had a portable ramp available if a patient needed this. There was a door bell outside for patients to use if they needed help to open the door into the building. There was sufficient space within the building for patients who used wheelchairs including the patient toilet. The patient toilet had a low level wash basin and mirror, grab rails and an emergency call bell. The grab rails were in a contrasting colour to the paint on the walls to make them easier to see for patients with sight difficulties. A portable hearing loop was installed to assist patients who used hearing aids.

The registered manager told us that they to date they had not had any patients who were unable to manage a conversation in English but confirmed they would arrange translation services for other spoken languages and for British Sign Language if needed.

### Access to the service

The practice was open from 8am to 5.30pm Monday to Friday with appointments booked between 8.30am and 4.40pm. Limited weekend and evening appointments were available by individual arrangement with individual patients. The practice intended to provide more structured extended hours shortly. The practice stayed open throughout the day and staff arranged their lunch breaks so someone was always available to answer the telephone or speak to anyone who called in.

The practice were committed to seeing patients experiencing pain on the same day. They took part in an emergency on-call arrangement with some other local practices. The website, information pack and the answerphone system provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Information from patients in CQC comment cards confirmed they were able to make appointments easily. In the practice's 2016 patient survey overall patient satisfaction for appointment booking was high.

### Concerns & complaints

The practice had a complaints policy which provided information about external bodies patients could go to with any concerns. This included the Dental Complaints Service, the General Dental Council and CQC. A copy was displayed in the practice entrance hall and a shortened version was included in the practice information pack.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice policy was to record and learn from all concerns raised by patients even when these were informal comments. We saw two examples of this and noted that

the practice had provided polite and explanatory responses to the patients concerned and apologised for the issues highlighted. The practice had not received any formal complaints.



# Are services well-led?

## Our findings

### Governance arrangements

One of the partners took overall responsibility for the management and clinical leadership of the practice and was the registered manager. They explained they wanted to provide effective leadership and consolidate governance arrangements during the change of ownership and move to new premises. Although they were a dentist they had chosen to temporarily limit their clinical work to focus on their leadership and governance responsibilities. All our conversations with staff confirmed that this strategy had resulted in minimal disruption during a period of considerable change. Staff felt supported and respected and were positive about the way the new owners had managed this. Similarly, the partners were complimentary about the positive attitude and team work shown by all members of the practice team. Feedback from patients showed that patients' experiences of the changes was also positive.

The practice used a management and governance system provided by an external company to help them meet relevant legislation, and guidance. This included policies, procedures and risk assessments which the practice had tailored to the specific arrangements at the practice. The partners explained that when they took over the practice they involved staff in helping to review practice policies and procedures. They told us this helped make the policies fit the needs of the practice and made sure staff were aware of the content. Each policy we looked at had a sheet signed by staff to confirm they had read and understood it. We noted that the policies and procedures included details of supporting legislation and guidance and that many referenced other relevant internal documents to show how they related to each other. For example, individual policies about safeguarding, consent, the Mental Capacity Act, whistleblowing and notifications to CQC contained information that showed how these were inter-related.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

During the inspection it was noticeable that the practice team worked particularly well together and showed mutual respect and care for their colleagues. For example, the

registered manager spent some of the day working at reception to provide the receptionist with opportunities to take breaks. Staff confirmed that this was usual. Staff told us the partners were approachable and easy to talk to. They told us they would have no anxieties about raising any concerns they might have.

The practice had policies regarding harassment and the duty of candour and these were available for staff to refer to. There was a whistleblowing procedure for staff to follow if they identified concerns at the practice and this included clear information about the internal process and external sources of advice and support.

### Management lead through learning and improvement

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example they recognised that one staff member had built effective communication with patients over a number of years and was therefore well placed to measure patient satisfaction with recent changes at the practice and the service provided.

We saw evidence that patients' comments, significant events and accidents were discussed with the staff group and changes made when necessary. Where this was practical the practice team addressed matters we raised during the inspection on the same day.

The practice had established an annual appraisal system and told us their aim was to develop the skill set amongst the clinical team to develop the service they could offer to patients. We saw evidence that the clinical staff maintained their continuous professional development (CPD).

The practice had held six team meetings since the partners took over the practice in July 2016. Another was planned for the week following the inspection so the outcome of this could be shared with the team. The meetings had been used to discuss a variety of subjects including the two sharps accidents that had occurred, patient survey comments, clinical updates and general administrative and management issues. Staff told us the notes of the meetings were emailed to them so they could read them if they could not attend.

The partners showed us that they had developed an annual programme of learning topics which they were introducing as an element of each team meeting. The

## Are services well-led?

programme was grouped into 10 sessions to be delivered over the course of the year. It encompassed many topics falling under the five key areas CQC looks at during inspection – safe, effective, caring, responsive and well led.

We saw that the practice had an established audit system. Audits are intended to help dental practices monitor the quality of treatment and the overall service provided. We looked at the audits carried out during 2016 and 2017. These had looked at grading of X-rays, infection prevention and control, patient records, use of the basic periodontal recording examination to monitor patients' gum health, antibiotic prescribing and disability awareness. The practice had also audited patient waiting times. There were reports and action plans on all of the audits and the dentists told us they discussed the outcomes of these meetings both informally and at some of their team meetings. This was a process the partners hoped to develop over time.

The registered manager told us they had recently joined a local peer review group to keep in touch with other dentists

in the area to share good practice. One of the partners and one of the other dentists also worked part time at other practices which meant they were also in regular contact with other dentists.

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

The practice carried out its first patient survey between July and October 2016. Most of the 35 responses were positive but three patients made suggestions for improvements. These were requests for coat hooks in the treatment rooms, for music to be played and for more seats and sport related magazines to be provided in the waiting rooms. An area on the forecourt where a puddle formed when it rained was raised as a concern. The practice had addressed all of these requests and displayed a notice in the entrance hall informing patients of the action they had taken.

Regular staff meetings took place where staff could raise topics for discussion. During the inspection we observed that the partners and staff communicated effectively and worked as a team. Staff we asked told us they had no concerns about raising any concerns they might have.