

Ice Surgeries Limited

Ice Surgeries Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 January 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

ICE Surgeries Limited is located in ground floor premises situated in the village of Radcliffe on Trent to the east of Nottingham. There are three treatment rooms. The practice provides mostly NHS dental treatments (90%). There is a free time limited car park for dental patients outside the practice.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday and Wednesday: 8:30 am to 7 pm; Tuesday and Thursday: 8:30 am to 5:30 pm; Friday 9 am to 2 pm. The practice is closed for lunch 1 pm to 2 pm Monday to Thursday.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates in Nottingham through the 111 telephone number.

The practice manager and the principal dentist were both registered with the Care Quality Commission (CQC) as registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

The practice is registered with the CQC as an organisation.

The practice has three dentists; one hygienists; four qualified dental nurses; one trainee dental nurse; two receptionists; and one practice manager.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received responses from 50 patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services the practice provides.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.
- The practice had a robust consent policy including reference to the Mental Capacity Act 2005.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- Dental care records demonstrated that the dentists involved patients in discussions about treatment options.
- Patients' confidentiality was protected within the practice.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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 systems for recording accidents, incidents and complaints were robust.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Discussions about treatment options were recorded in dental care records.

All staff were supported to meet the requirements of the General Dental Council (GDC) in relation to their continuing professional development (CPD).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

There was a robust consent policy which made reference to the Mental Capacity Act 2005.

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



Summary of findings

Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions and the practice encouraged patients to do so.

No action



Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day. There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays

Patient areas including treatment rooms were all located on the ground floor which allowed easy access for patients with restricted mobility. The practice had an induction hearing loop to assist patients who used a hearing aid.

Interpreters were readily available for patients whose first language was not English. There were clear instructions for staff in how to book interpreters and ensure patients' needs were met.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns. Staff said they felt well supported and there were systems for peer review and clinical discussion.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. The practice was able to demonstrate that learning and improvements had resulted from the audit process.

Policies and procedures were reviewed annually.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

No action



Ice Surgeries Limited

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 18 January 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from 50 patients about the dental service.

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 systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. The last recorded accident had been in November 2016 when a staff member accidentally cut their finger on a dental instrument. This had been analysed and investigated in the practice and a copy of the investigation form was attached to the accident form.

The practice had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although the practice manager said they were aware how to make these reports and had the relevant forms to do so.

The records identified there had been three significant events in the twelve months leading up to this inspection. The practice recorded significant events in a book, and used a detailed form to analyse each significant event. Following the analysis significant events were discussed in staff meetings. The most recent significant event occurred in December 2016 and related to a patient's referral to see the hygienist. This had been discussed in a staff meeting on 13 December 2016 and was recorded in the minutes of that meeting.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice received these via email. The most recent related to an issue with a batch of medicine called glucagon which formed part of the emergency medicines at the practice.

The practice had a Duty of Candour policy. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. There was a poster in the staff room giving staff information about duty of candour and directing staff to read the policy. A staff sign off sheet identified all staff had read the duty of candour policy. Discussions with the practice manager identified there had been no examples of the policy

needing to be put into action. However, the practice manager said that any event would be treated as a significant event and discussed with all staff in a team meeting. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm. A poster in the practice manager's office listed the different notifications to be sent to CQC.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children which had been reviewed in March 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and flow chart for protection agencies were available for staff both within the policy and behind reception. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice.

The practice manager and the principal dentist were the identified leads for safeguarding in the practice. The practice manager had received training in child protection and safeguarding vulnerable adults to level two in 2016. The principal dentist had received enhanced training in child protection and safeguarding vulnerable adults to level three in October 2014 and refreshed in April 2016. We saw evidence that all staff had completed safeguarding training to level two during 2016.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were risk assessments for products in the practice which was being reviewed with an identified completion date of March 2017. Copies of manufacturers' product data sheets were held on a computer memory stick in the COSHH file. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear. COSHH training for all staff was booked for 21 February 2017.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 29 June 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Are services safe?

The practice had a policy for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only dentists' handles needles and needles were not re-sheathed. The practice used a recognised safe system for sharps which protected users from harm or accidental injury. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were wall mounted in treatment rooms where they were accessible to dentists but not to patients. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Sharps bins were signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. The signing and dating of sharps boxes would allow staff to identify when the three month expiry date had been reached.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dams, the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of latex free rubber dam kits available.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located in a central location. We saw evidence the contents were being checked regularly. We saw certificates demonstrating two members of staff had completed first aid at work courses. The certificates identified all of the training was in date at the time of the inspection and refresher training was due in October 2017. There were posters in the practice to inform patients and staff of the first aid arrangements.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly.

All staff at the practice had completed basic life support and resuscitation training in May 2016. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the practice included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. Staff at the practice were involved in medical emergency scenario training on a three monthly basis. The scenario training with any learning points was recorded.

Staff recruitment

We looked at the staff recruitment files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not

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needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that every member of staff had received a DBS check. The practice manager said the practice was considering the renewal interval for DBS checks, and had decided on every five years. We discussed the records that should be held in the recruitment files with the practice manager.

Monitoring health & safety and responding to risks

The practice had a risk based approach to health and safety with a comprehensive health and safety policy. The policy had been reviewed in July 2016 and identified the practice manager as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them. On an annual basis all staff received a health and safety update which included training on specific topics such as manual handling and COSHH. In addition the practice had a patient safety policy which had been reviewed in August 2016.

There were general risk assessments for various aspects of the practice such as: COSHH, electric equipment, and manual handling. These were reviewed by an external assessor on an annual basis with the latest review completed in June 2016.

Records showed that fire extinguishers had been serviced in March 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in August 2016. We saw there was an automatic fire alarm system installed with emergency lighting and smoke detectors throughout the practice. Records showed the fire alarm system was tested on a weekly basis. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill six monthly with the last one completed on 15 August 2016.

The practice had a health and safety law poster on display in the waiting room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

A Business Continuity Plan was available in the practice and a copy was held off site. This had last been reviewed and updated in June 2016. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan.

A poster in the practice manager's office identified where the control and emergency cut-off switches were for utilities such as gas, water and electricity.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in February 2016. A copy was available to staff in the decontamination room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. An identified dental nurse was the lead for infection control at the practice. We saw that all staff had received annual infection control update training.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last three audits were completed in June 2015, December 2015, and August 2016. The latest audit had scored 98% and an action plan was in place to address issues highlighted in the audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of

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amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

The practice had guidance for staff in relation to waste management. The guidance identified how waste should be separated, stored whilst awaiting collection and labelled to enable identification of its source. We saw that each bag of clinical waste had the practice post code attached for identification purposes. However, the clinical waste bin outside the property was not secured to the wall. The practice manager said arrangements would be made to address this.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was mostly latex free to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice used manual cleaning techniques as a first step of the dental instrument cleaning process. The practice had the necessary equipment to complete manual cleaning including a digital thermometer, long handled brush and heavy duty gloves. The practice protocol for manual cleaning was due for review in February 2017. The practice also had two ultrasonic cleaners. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a solvent solution. Dental instruments were placed in to an ultrasonic cleaner after manual cleaning. Following cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had two autoclaves which were designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and

serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses dated February 2016. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. The practice manager had a system to check the details for every member of staff on a six monthly basis to ensure that if needed boosters were arranged and completed.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor in January 2015 and was due for renewal; with the practice manager able to demonstrate this was in the process of being arranged. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance. Recommendations identified within the assessment included staff training and completing quarterly dip slides. We saw documentary evidence to identify that staff had been trained and quarterly dip slides had been completed. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in March 2016. There was a five year electrical safety certificate dated 29 June 2013. The gas supply at the practice had been checked and the practice had a landlord's gas safety certificate dated 18 March 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been

Are services safe?

completed in June 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in May 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The practice kept a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. Prescription pads were not pre-stamped which added to their security and the stamp was held securely. The system for managing prescription pads was robust with several safety checks built in. The practice manager audited the system on a six monthly basis.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in line with local rules that were relevant to the practice. We noted they were not related to each specific piece of X-ray equipment. The principal dentist said they would be amended. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, which were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The practice had critical examination documentation for all X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly. Documentation showed critical examinations were dated in February 2014 and March 2015.

Records showed all three X-ray machines had been inspected with electrical and mechanical tests in June 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed on 10 February 2015.

All three X-ray machines were fitted with rectangular collimation therefore the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7) were being followed. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

New patients at the practice completed a medical history form which was scanned into their electronic dental records. A hard copy was also kept as a reference. Returning patients updated their information which was reviewed with the dentist in the treatment room. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies. It was practice policy that medical history forms were renewed on an annual basis.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. The dentists were using BPE for all patients other than young children.

We saw the dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room for patients. There were leaflets and posters to demonstrate good oral hygiene techniques were available to assist in the dental nurse's role. There were free samples of toothpaste for patients available in the practice.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified

as being at risk. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. The principal dentist had provided a summary of the document for dentists to use to make application easier.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded.

We noted that with regard to smoking cessation other local agencies offering this service were not identified in the practice. The NICE guidelines: Oral health promotion: general dental practice (NG30) provided advice with this regard. The principal dentist said this would be attended to.

Staffing

The practice had three dentists; one hygienist; four qualified dental nurses; one trainee dental nurse; two receptionists; and one practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Training records for clinical staff were clear and we saw

Are services effective?

(for example, treatment is effective)

copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding. The practice manager demonstrated a clear overview and arranged some of the required courses such as basic life support and safeguarding. Other training which was job/role specific was available for individual staff members. Training was monitored by the practice manager during the appraisal process.

Records at the practice showed that all staff had received an appraisal on a six monthly basis. This included action planning and a midyear review. Dates for 2017 had been identified each staff member and were displayed in the practice manager's office. Appraisals were completed with the practice manager. We saw evidence of new members of staff having an in-depth induction programme which was tailored to their specific job role within the practice.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services and for minor oral surgery.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service.

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were faxed through to the hospital.

The practice also made internal referrals for patients who were seeing the hygienist.

Consent to care and treatment

During the inspection we saw the practice had a patient consent policy which was missing some key points. Immediately following the inspection the practice sent a copy of their re-written in-depth consent policy. The new policy covered all of the areas of consent likely to be encountered in the practice. This included referencing the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Discussions with the practice manager showed an understanding on the MCA and how it might apply to dentistry. Training records showed that all staff had completed training in the MCA and were aware of how this might affect them.

The consent policy identified that the standard NHS FP17DC form would be used to record patients' consent. This form recorded both consent and provided a treatment plan. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

We saw how consent was recorded in the patients' dental care records. This was clearly recorded together with the treatment options which had been discussed with the patients. This led the patients concerned to make informed choices about their treatment and give valid consent. To assist patients in their understanding of the treatment options the dentists had models, leaflets and computer demonstrations available.

We talked with dental staff about their awareness of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. We saw that staff had an understanding of Gillick competency. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a friendly and welcoming manner. We saw that staff spoke with patients with due regard to dignity and respect. The practice manager had provided patient satisfaction training in January 2016 for all staff. The training included discussions about different scenarios, so staff could consider how they would handle different situations in the practice.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it was necessary to discuss a confidential matter, there were areas of the practice where this could happen such as the practice manager's office.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were held securely and password protected.

Involvement in decisions about care and treatment

We received positive feedback from 50 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection.

The practice offered mostly NHS treatments (90%) and the costs of NHS and private treatments were clearly displayed in the waiting room.

We spoke with dentists about how patients had their diagnosis and dental treatment discussed with them. Some dentists but not all demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located on the ground floor. There was parking including disabled parking close to the dental practice.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. The practice made specific appointment slots available for patients who were in pain or required emergency treatment.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The appointment book also identified where patients were being seen in an emergency.

Tackling inequity and promoting equality

The practice had a fair and accessible care policy which made reference to the Equality Act (2010) and gave staff guidance on treating patients without prejudice or discrimination.

There were three treatment rooms all of which was situated on the ground floor. All three were accessible for wheelchair users. This allowed patients with restricted mobility easy access to treatment at the practice. There was a side door to the practice which provided level access from the street into all areas of the practice. The ground floor treatment rooms were large enough for patients to manoeuvre a wheelchair into the room.

There was a lower section of the reception desk which meant patients who were using a wheelchair could speak with the receptionist and were able to make eye contact.

The practice had one ground floor toilet for patients to use. This was compliant with the Equality Act (2010) with a wider door, support bars and grab rails. A pull cord alarm was fitted for patients to summon assistance if needed.

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice used a recognised company to provide interpreter services for patients whose first language was not English. British sign language interpreters were also available and used by the practice when needed. A poster in the practice managers office

Access to the service

The practice's opening hours were – Monday: 8:30 am to 7 pm; Tuesday: 8:30 am to 5:30pm; Wednesday: 8:30 am to 7 pm; Thursday: 8:30 am to 5:30 pm and Friday: 9 am to 2 pm. The practice was closed 1 pm to 2 pm Monday to Thursday.

The practice had a website: www.icesurgeriesltd.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates in Nottingham through the 111 telephone number.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due. If patients preferred they received an e mail reminder also 48 hours before their appointment as due.

Concerns & complaints

The practice had a complaints policy which explained how to complain and identified time scales for complaints to be responded to. The policy had been reviewed in January 2016. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the complaints policy.

The practice had run an in-house training course for complaints handling for all staff in January 2016. A patient satisfaction course had also been delivered in August 2015.

Information about how to complain was displayed on the notice board in the waiting room and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

From information reviewed in the practice we saw that there had been no formal complaints received in the 12 months prior to our inspection. The most recent formal complaint had been received in 2013 before the ownership of the practice changed.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice every policy we saw had been reviewed during 2016. The practice manager had a planner in their office which identified when policies would be reviewed and audits completed. Discussions with the practice manager and a review of documentation showed there was a robust management structure and plan within the practice. This covered all aspects of the governance of the practice and there were clear lines of accountability and reporting structures in place.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the practice owner or one of the dentists. We spoke with three members of staff who said they liked working at the practice.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

The practice manager was an experienced manager who had a dental nursing background. They had enrolled on a practice management conference in Birmingham on 26 January 2016 for personal development. The practice manager also met with other managers regularly for peer support and training.

We saw that full staff meetings at this practice were scheduled for once a month throughout the year. A schedule with specific agenda items (policy reviews or staff training) was on display within the practice. Staff meetings were minuted and minutes were available to all staff.

Dentists met regularly for peer review with dentists from two neighbouring dental practices. All clinical staff had a documented one to one meeting with the practice manager every two months.

Discussions with clinical staff identified they felt valued. Clinical staff said they appreciated the support that was available to them through peer support and from the leadership team.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a policy relating to the duty of candour which directed staff to be open and to offer apologies when things had gone wrong. Discussions with staff showed they understood the principles behind the duty of candour. There had been no examples where the duty of candour policy had needed to be used.

The practice had a whistleblowing policy which had been reviewed in December 2016 identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on the notice board in the staff room.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits with the last three completed in June 2015, December 2015, and August 2016. The latest audit had scored 98% and an action plan was in place to address issues highlighted in the audit. We saw that audits of radiography (X-rays) were completed annually although they were repeated inside that time frame if necessary. A recent radiography audit had led to a repeat for one dentist and had seen considerable improvement at the second audit. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records. The practice manager had scheduled audits throughout the year for various aspects of activity. These were detailed on a planner in the practice manager's office.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are

Are services well-led?

required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The latest information in the practice showed six patients had responded in December 2016. 100% of patients provided positive feedback with all patients who responded saying they would recommend the practice to family and friends.

The latest information on the NHS Choices website showed seven patients had responded and 100% would recommend the dentist.

There were eight patient reviews recorded on the NHS Choices website within the 12 months before this inspection. Seven were positive reviews. In total there have been 104 reviews dating back to 2013. Of these 97 were positive and seven negative. The practice had responded to the negative reviews.

The practice had its own satisfaction survey though the practice manager said there were very few responses as patients were encouraged to provide feedback through either the FFT box or NHS Choices website.

The practice had encouraged patients to complete CQC comment cards for this inspection with all 48 cards the practice received completed.