

## High Street Dental Practice Partnership

# High Street Dental Practice Partnership

### Inspection Report

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## Overall summary

We carried out this announced inspection on 18 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

High Street Dental practice is in Brownhills, Walsall and provides NHS and private treatment to adults and children.

A portable ramp can be used to gain access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available at a short stay car park near the practice.

# Summary of findings

The dental team includes three dentists, four dental nurses; including two trainees and two who also work as receptionists. Two practice managers work at the practice on a part time basis. The practice has two treatment rooms that are in use and one which is used as an office and storage area.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at High Street dental practice was the principal dentist.

On the day of inspection we obtained feedback from 19 patients.

During the inspection we spoke with two dentists, two dental nurses and two receptionists, who were also qualified dental nurses. We also spoke with both practice managers who work on a job share basis. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Wednesday 8.30am to 6pm, Thursday and Friday 8.30am to 5pm, and Saturday 9am – 1.30pm.

## Our key findings were:

- The practice appeared clean and well maintained. Systems were in place to monitor cleanliness but there was limited evidence of action taken once issues were identified.
- Staff were not routinely following guidance and improvements were required to infection prevention and control practices.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. The practice were to consider the location of these items which were stored individually on a high shelf.
- The practice's systems to help them manage risk were not robust. Some information recorded in risk assessments was incorrect. Following this inspection, we were told that risk assessments were in the process of being amended.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures. Induction records were brief and did not clearly demonstrate that the trainee had understood the training provided and been deemed competent. Following this inspection, we received a copy of an amended induction record.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided. Patients were encouraged to complete the NHS Friends and Family Test.
- The practice staff dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular provide evidence that visual

# Summary of findings

checks are completed on portable appliances as detailed in the practice risk assessment. Complete quality assurance checks on X-ray equipment in use at the practice.

- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was no evidence to demonstrate that two dentists had received safeguarding training at the required level. We were told that these staff members would undertake further training in the near future.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean. The practice did not have a copy of a gas safety certificate or evidence that a fixed wiring check had been completed. The practice generally followed national guidance for cleaning, sterilising and storing dental instruments although some improvements were identified regarding cleaning of dental burs and storage of items awaiting sterilisation. Following this inspection, we were told that the legionella risk assessment report was under review.

The practice had suitable arrangements for dealing with medical and other emergencies. Emergency medical equipment was not stored in a way to enable easy access in the event of an emergency.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, and we were told that the dentist explained everything in detail and was calming and reassuring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Referrals were monitored to ensure they were acted upon.

Staff told us that the practice supported them to complete training relevant to their roles. The practice manager told us that continuous professional development was not monitored as staff took responsibility for this. Following this inspection, we were sent a copy of a training matrix which would be completed to record all training undertaken by staff. We were told that staff had been sent personal development plans and continuous professional development logs for completion.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and respectful.

They said that they were given detailed, helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system met patients' needs. Patients could attend the practice on the day that they telephoned if in pain and were told that they would have to sit and wait to see the dentist.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services. There were no arrangements in place to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

We noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring.

Systems for the practice team to discuss the quality and safety of the care and treatment provided were not effective. Audit systems required improvement as audits were not completed at the required frequency, did not contain clear records of results and action plans or evidence of improvements. One audit recorded incorrect information. Following this inspection, we were told that a meeting had been arranged to discuss audits.

Requirements notice



# Summary of findings

Staff appraisal took place on an annual basis and we saw records for some dental nurses. We were told that dentists were not involved in the appraisal process and did not receive any clinical supervision. Following this inspection, we were told that discussions were being held with a view to implementing this.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had three separate child protection and adult safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. During the inspection the practice manager amalgamated these policies, updated the new policy to include notification to the CQC and amended to include contact details for the services responsible for the investigation of safeguarding issues. We saw that all staff had received safeguarding training but there was no evidence for two dentists to demonstrate that they were trained to the required level. We were told that these staff would be completing further training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing and an underperformance policy. These were available to staff in the policy folder kept in the office. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Both latex and non-latex options were available for use.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. A copy of the business plan was available off site on the practice manager's computer desktop.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the

relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure. We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had some systems in place to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records were available to demonstrate that portable electrical appliances had received an annual check by an external professional. There was no evidence that visual checks of portable appliances took place on a regular basis. We were told that the practice did not have a gas safety certificate or details of any fixed wiring tests undertaken.

Records available regarding the regular testing of fire detection and firefighting systems did not clearly demonstrate what was checked. During this inspection the practice manager developed a log to clearly record that emergency lighting, smoke detectors and a discussion regarding evacuation in the event of a fire would be completed monthly. We were told that a full evacuation of the premises would now take place on a six-monthly basis. We saw records to demonstrate that fire extinguishers received an annual service by an external professional. We were told that emergency lighting had not been serviced.

The practice had some arrangements to ensure the safety of the X-ray equipment although improvements were required. We identified some issues for action which were discussed with the practice manager during the inspection. Local rules and the practice's policies required updating. The practice manager said that these would be amended immediately. A rectangular collimator used on X-ray units to reduce the amount of radiation a patient was exposed to during dental intraoral x-ray procedures was not available in one of the treatment rooms. We were told that a rectangular collimator would be purchased immediately. Following this inspection, we were told that a collimator had been fitted as required. The practice was not undertaking any X-ray equipment quality assurance checks.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year. These audits were taken from a small sample size, did not record the aims, outcomes or actions to be taken.



## Are services safe?

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety although some issues were identified and discussed with the practice manager during the inspection.

The practice had health and safety policies, procedures and risk assessments which were reviewed regularly to help manage potential risk. The practice risk assessment was ineffective as it had some actions recorded to mitigate risk but we were told that these actions had not been taken. For example, the risk assessment stated that visual inspections of all portable appliances were carried out annually/six monthly by the practice owner and findings recorded. The health and safety policy stated that the health and safety manager was to perform regular visual inspections of portable appliances and records of tests and inspections done were to be kept. The practice manager told us that staff would report any item that appeared faulty on use but did not complete formally recorded visual checks of equipment. Following this inspection, we were sent a copy of the amended fire log which now required the principal dentist to undertake a monthly check of wiring and portable electrical appliances. There was no list of the equipment to be checked attached to the log sheet. This would help to ensure that all items were checked.

The practice risk assessment also recorded that staff were to complete manual handling training. The practice manager told us that they were not aware if staff had completed manual handling training and there was no risk assessment in place.

The fire risk assessment had been updated but recorded that the practice did not have emergency lighting. We saw emergency lighting in place in the corridor areas. This risk assessment was amended on the day of inspection.

Following this inspection, we were told that all risk assessments had been reviewed and updated. We were not sent copies of the amended documents.

The practice had current employer's liability insurance which was on display in the waiting room.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not follow relevant safety regulation when using needles and other sharp dental items. The practice were not using safety sharps, although

a supply was available on the premises. Dentists were not using a device to assist with the re-sheathing of used needles. A sharps risk assessment had been undertaken and was updated annually. Policies in place did not record information in line with the risk assessment. Following this inspection, we were told that devices had been purchased to assist dentists with the re-sheathing of used needles.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. The practice had not completed a risk assessment regarding staff who were non-immunised or non-responders to the hepatitis B vaccination. There were staff working at the practice who required this risk assessment.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. There was no information on the premises to demonstrate that the trainee dental nurse had completed BLS training within the past 12 months. We were told that they had completed this as part of their dental nurse training. The practice manager confirmed that they would book this staff member on the next course which was to take place in December 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. A discussion was held regarding the storage of emergency medicines and equipment. Items were stored individually on a high shelf which could prove difficult for some staff to access quickly and safely in an emergency. The practice manager confirmed that this would be reviewed immediately.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Control of substances hazardous to health (COSHH) folders were available which contained risk assessments and safety data sheets for each COSHH item in use at the practice.

The practice had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in





## Are services safe?

primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed in house infection prevention and control training provided by the practice manager. Staff files did not contain evidence of any other infection prevention and control training completed.

The practice had suitable arrangements for checking, sterilising and storing instruments in line with HTM01-05. We saw that items that were not able to be cleaned and sterilised immediately were stored dry in containers. HTM 01-07 requires these instruments to be immersed in potable water or gels/sprays were to be used if items cannot be reprocessed immediately. We saw some dental burs which had not been adequately cleaned as they contained dental cement. These were stored in a bur stand that could not go through the decontamination process. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

An external professional had completed a legionella risk assessment at the practice. The suggested date for another risk assessment to be completed had passed.

Records of dental unit water line management were in place.

Staff at the practice completed cleaning duties. We saw that the cleanliness of the practice had been identified as an issue and discussed at practice meetings. There was no evidence available to demonstrate action taken to ensure issues identified were acted upon. The practice was clean when we inspected and patients confirmed that this was usual. Following this inspection, we were sent an amended copy of the surgery check sheet which reviewed, amongst other things, the cleanliness of the treatment rooms. This now included space for an action plan to be recorded to address any issues identified.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis. The latest audit showed the practice was meeting the required standards.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

### Safe and appropriate use of medicines

There was a stock control system of medicines which were held on site although we noted that improvements were required to this. Stock control was an item for discussion at practice meetings as issues had been identified. Monthly checks also identified stock control as an issue. There was no evidence available to demonstrate any action taken to ensure that a more robust stock control system was implemented.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. The practice were not completing any prescribing audits.

### Track record on safety

The practice had a good safety record. There were risk assessments in relation to safety issues although some improvements were required. For example, some actions to mitigate risk recorded on the practice risk assessment had not been undertaken. The practice had systems to monitor and review incidents and accidents. This helped it to understand risks and gave a clear, accurate and current



## Are services safe?

picture that led to safety improvements. In the previous 12 months there had been no safety incidents. Accidents had been recorded appropriately and action taken as appropriate.

### Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong.

The staff were aware of the Serious Incident Framework and systems were in place to record, respond to and discuss all incidents to reduce risk and support future learning in line with the framework.

We were told that there was a system for receiving and acting on safety alerts. The practice manager said that they received all alerts and relevant alerts were forwarded to the practice to review and discuss with staff. The safety alerts file did not have any information past 2016. We were told that alerts would be circulated to this practice immediately and action would be taken to ensure that the practice learned from external safety events as well as patient and medicine safety alerts. Following this inspection, we were told that the principal dentist had registered with the Medicines and Healthcare products Regulatory Agency to receive patient safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records that we reviewed were comprehensive and clearly detailed patients' assessment and treatments. Comment cards that had been completed by patients recorded a high level of satisfaction with the quality of their dental treatment.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Patients were directed to local stop smoking services when necessary. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available in the waiting area.

One dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions and dental care records seen confirmed this. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had information for staff about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider Gillick competence, by which a child under the age of 16 years of age can consent for themselves.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The practice had not completed a full cycle of audits and audits seen did not clearly record outcomes and any resulting action plans. There was no evidence of any learning points or sharing of information following these audits.

### Effective staffing

Evidence of staff training was limited. We were told that it was the responsibility of staff to ensure that they kept up to date with their continuous professional development (CPD). The practice kept records of training they had provided and mandatory training such as basic life support. Staff kept their own CPD records and we were told that this was not monitored to ensure they were up to date. Staff told us that they completed training on-line, in-house provided by the practice managers and training by external providers such as basic life support. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Following this inspection, we were sent a copy of a newly developed training matrix for all staff (including



## Are services effective? (for example, treatment is effective)

dentists). This recorded a list of training and requested staff to forward copies of training certificates to demonstrate training undertaken. Staff have also been forwarded a copy of the General Dental Council's recommended CPD topics.

Staff new to the practice had a period of induction based on a structured induction programme. Staff recruitment files contained a one-page induction checklist but there was no evidence of any completed induction training records. Following this inspection, we were sent a copy of an amended induction programme for a trainee dental nurse. This document would record the date on which the training was given, who provided the training and should be signed by the trainee.

Dental nurses told us they discussed training needs at annual appraisals but could request training at other times. We saw evidence of completed appraisals for some of the dental nurses. Brief personal development plans were available with appraisal documentation. We were told that there was no appraisal or clinical supervision systems in place for dentists employed at the practice. Following this inspection, we were sent a copy of the General Dental

Council's CPD information and a personal development plan for staff to complete. We were told that these would be discussed with and given to staff the week following this inspection. We were told that a meeting was being held to discuss appraisals for dentists.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, polite and welcoming. We saw that staff treated patients in a caring, respectful manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

We saw that closed-circuit television (CCTV) cameras were in use at the practice. We were told that these were purely for security reasons. Signs were on display in the waiting room advising patients that CCTV was in operation on the premises. These signs did not explain the purpose of recording or include the name and contact details of those

operating the surveillance scheme. We were told that the practice had not completed a privacy impact assessment regarding the use of CCTV. The practice manager confirmed that they would complete this immediately.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given): and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language. The practice's information leaflet stated that they could provide information in various languages upon request.
- Staff communicated with patients in a way that they could understand, for example, staff would write down information for patients who were hearing impaired and medical history forms were available in large print.

The practice gave patients clear information to help them make informed choices. 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 they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice. This practice offers NHS, private and an independent treatment scheme. The costs for NHS, independent and private dental treatments were available to patients in the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, leaflets and X-ray images.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Reception staff told us that they chatted to anxious patients to try and make them feel at ease. An alert was put on the patient records so that clinical staff were aware that the patient was anxious. Extra time would be given for these appointments and appointments would be scheduled at a time when the practice was less busy so that the dentist could see the patient as soon as possible after they arrived.

Patients described high levels of satisfaction with the responsive service provided by the practice. Patients said that the staff were flexible, attentive and professional.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that dentists would accommodate patient's needs, moving to work in the ground floor treatment room to see individuals who were unable to access the first floor.

The practice had made reasonable adjustments for patients with disabilities. These included the use of a portable ramp to gain access and an accessible toilet with hand rails and a call bell. The practice did not have a hearing loop for use by patients who used a hearing aid. Reception staff told us that they would write down information for patients who had hearing impairments or talk slowly and clearly to those patients who were able to lip read.

A Disability Access audit had been completed and an action plan formulated. We saw that some items recorded in the disability access audit were incorrect. For example, the audit records that the practice had a hearing loop. Reception staff told us that there was no hearing loop. The audit also recorded that the practice had a comprehensive training programme in place based on the results of a training needs analysis. There was no evidence of a training needs analysis or of any training for staff regarding disability.

Staff told us that they sent a letter and text message reminder to patients who requested this service approximately four weeks prior to their appointment and a phone call as a reminder one day before their appointment.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Dentists did not keep appointment slots free for urgent appointments. Reception staff said that patients who requested an emergency appointment would always be seen on the day that they telephoned. They were told to attend the practice but would have to sit and wait until the dentist was able to see them. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice completed a waiting time audit on a three-monthly basis. This audit was ineffective as it recorded the waiting time as the time the patient entered the practice. Therefore, timings were skewed for patients who attended early for their appointment.

They took part in an emergency on-call arrangement with 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.



## Are services responsive to people's needs? (for example, to feedback?)

The principal dentist was responsible for dealing with complaints with the assistance of the practice managers. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. If the principal dentist was not available one of the practice managers could be contacted to respond to any complaints.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with

them or the principal dentist in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately. There was no evidence to demonstrate that complaint outcomes were discussed with staff to share learning and improve the service.





# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist was supported by two practice managers who worked at two other local dental practices. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The practice managers told us that when they were not on the premises, staff were able to contact them to ask for advice. Staff told us that they would speak with the principal dentist or a practice manager if they had any queries or concerns.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice's statement of purpose was on display in the reception area for patients and staff to read. Staff spoken with said that they aimed to meet the needs of patients whilst providing high quality care.

### Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected and were well supported by the practice managers and the principal dentist. Staff told us that they worked well as a team and were proud to work in the practice. Staff felt that the practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Information regarding the duty of candour was available to staff in the policy folder. Staff spoken with were aware that they should be open and honest and offer an apology when things went wrong.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principle dentist with support provided by two practice managers was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Some of the policies required updating as they lacked detail. The practice manager amended some policies discussed with them on the day of inspection.

There were processes for managing risks, issues and performance, some improvements were required.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Improvements were required to quality and operational information systems used to ensure and improve performance. For example, none of the audits seen had completed a fully cycle, the aims of the audit, clear results and action plans were not recorded. Some of the mitigating actions recorded in risk assessments had not been completed. Following this inspection, we were told that all risk assessments had been reviewed and updated. Audits were a topic for discussion at a meeting arranged for the week following this inspection and the way audit results would be formulated more effectively was to be discussed.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. There was no evidence to demonstrate that staff had completed training regarding information governance.

### Engagement with patients, the public, staff and external partners





## Are services well-led?

The practice used verbal comments to obtain staff and patients' views about the service. We saw an example of suggestions from patients the practice had acted on. For example, patients had requested a coat hook in the patient toilet.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw the results of the FFT from April to August 2018. All results were positive with most patients being either extremely likely or likely to recommend the practice. Reception staff told us that a patient satisfaction survey was available to gather patients views about the service but this had not been used since the introduction of the FFT.

The practice gathered feedback from staff through meetings and informal discussions. Staff told us that they could offer suggestions for improvements to the service and were able to speak out at practice meetings to raise any concerns or issues.

### **Continuous improvement and innovation**

The practice had some quality assurance processes to encourage learning and continuous improvement although improvements were required. Audits seen included dental

care records, radiographs and infection prevention and control. We were told that infection prevention and control audits were conducted annually and not on a six-monthly basis. Not all audits seen recorded the aims and objectives, clearly demonstrated results or provided any resulting action plans and improvements.

Annual appraisals had been undertaken for some of the dental nurses. Newly employed dental nurses were to have an appraisal soon. We saw evidence of completed appraisals in some of the staff folders. Personal development plans were available. We were told that there was no appraisal or clinical supervision systems for dentists. There was no system in place to ensure staff had moved onto the General Dental Council's enhanced continuing professional development scheme. Following this inspection, we were told that audits and appraisals were to be discussed at a meeting arranged the week following this inspection.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. Staff told us they completed 'highly recommended' training as per GDC professional standards. This included undertaking medical emergencies and basic life support training annually.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>There was no evidence of a five-year fixed wiring test being completed. There was no evidence of a gas safety certificate.</p> <p>There was no evidence that emergency lighting had been serviced.</p> <p>There was no evidence that the practice had received safety alerts from the Medicines and Health products Regulatory Agency or Central Alerting System since 2016.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met:</p>

## Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

One risk assessment seen did not all contain correct information; the sharps policy was not in line with the sharps risk assessment and there was no risk assessment regarding hepatitis B non-immunised or non-responder staff even though this was relevant to staff at the practice.

The practice was not completing infection prevention and control audits on a six-monthly basis. Radiography audits were not completed at regular intervals. Audits did not have documented learning points and the resulting improvements could not be demonstrated. A legionella risk assessment was overdue for completion.

There was additional evidence of poor governance. in particular:

There was no evidence of a structured induction process.

There was no evidence that a system had been established for the on-going assessment, supervision and appraisal of all staff.