

Stock Hill Dental Care Partnership

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not 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

Stock Hill Dental Care Partnership is a dental practice located in the London Borough of Bromley. The premises are situated on the ground floor of a converted residential building. There are three treatment rooms, a dedicated decontamination room, an X-ray room, a waiting room with reception area, an administrative office, and a toilet.

The practice provides private services to adults and NHS services to children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges.

The staff structure of the practice consists of three dentists (including the owner), a hygienist, a head dental nurse, two trainee dental nurses and a receptionist.

The practice opening hours are from 9.00am to 5.30pm, Monday to Friday. The practice also opens every other Monday until 7.30pm and is open every other Saturday from 10.00am until 1.00pm.

Summary of findings

The principal dentist is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Four people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection, although there were some areas where improvements could still be made.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported.
- The practice did not have effective safeguarding processes in place and staff had not fully understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff recorded accidents, but staff were not aware of systems for reporting or recording incidents or significant events.
- Some equipment, such as the new autoclave (steriliser), and fire extinguishers had been checked for effectiveness and had been regularly serviced; although we noted that records for other equipment, including some of the X-ray machines, were not up to date.

- The practice had not ensured that staff maintained all of the necessary skills and competences needed to support the needs of patients. For example, not all staff were up to date with the training required for responding to medical emergencies.
- The practice had undertaken some relevant checks for the clinical staff at the time of employing them, but not all of the clinical staff had an appropriate Disclosure and Barring Service (DBS) check prior to employment.
- There were governance arrangements in place including a rolling programme for carrying out audits and maintenance to the premises, but these had not effectively identified all of the areas of concern with a view to improving the safety and quality of the service.

We identified regulations that were not being met and the provider must:

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems and processes are established, and operated effectively, to safeguard vulnerable adults and children with a view to preventing abuse and investigating allegations of abuse.
- Ensure the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure all X-ray equipment is maintained in guidance with the manufacturer's instructions or governing bodies.

You can see full details of the regulations not being met at the end of this report.

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

- Review the current arrangements and establish a system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Summary of findings

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's responsibilities to respond to the needs of disabled people and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.

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 not providing safe 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 at the end of this report).

The practice had policies and protocols related to the safe running of the service. Staff were aware of these and were following them. The practice had effective systems for the management of medical emergencies and infection control.

However, we also found that the practice did not understand their responsibilities in terms of safeguarding vulnerable adults and children. There was no safeguarding policy or safeguarding lead and the majority of staff had not received any safeguarding training.

Equipment, including some of the X-ray equipment, had not been serviced within the recommended time frames.

We also noted that although there was a recruitment policy in place, the practice had not sought appropriate Disclosure and Barring Service (DBS) checks for all of the clinical staff.

There were limited systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members; staff were not aware of a protocol for reporting significant adverse events.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff had engaged in continuous professional development (CPD) and there was evidence that staff were working towards meeting the CPD requirements as recommended by the General Dental Council (GDC). However, not all relevant training updates had been completed by all members of staff. For example, some staff had not completed annual training in responding to medical emergencies. The principal dentist demonstrated that they had planned to carry out staff appraisals within the next month to discuss staff roles and identify additional training needs.

Are services caring?

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

We received positive feedback from patients through comment cards and by speaking with patients on the day of the inspection. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely, but that some small improvements could be made to maintain patient confidentiality at all times.

Are services responsive to people's needs?

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

Summary of findings

Patients were invited to provide feedback via the practice website and through the use of the NHS 'Friends and Family Test'. Patients generally had good access to appointments, including emergency appointments, which were available on the same day. However, the needs of people with disabilities had not been fully considered through a formal audit process to identify what reasonable adjustments could be made to the premises to improve access.

There was a complaints policy in place. Staff were aware of this policy and a copy of the policy was available to patients in an information booklet in the waiting area. No complaints had been received in the past year.

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 at the end of this report).

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other. The practice had some clinical governance and risk management structures in place.

However, a system of audits had not yet been effectively used to monitor and improve performance. For example, the most recent infection control audit had not been properly completed and did not identify areas for improvement. Similarly, written risk assessments, for example, covering fire or Control of Substances Hazardous to Health (COSHH) were either not available or not up to date. Governance policies, such as those for safeguarding and reporting incidents, were not available.

The principal dentist showed us plans for improving governance over the coming year, including the carrying out of scheduled audits. However, the plans did not address all of the concerns identified during the inspection.

Stock Hill Dental Care Partnership

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 07 January 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with five members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. The head dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Four people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was no policy or other system in place for reporting and learning from incidents. We discussed this with the principal dentist. They showed us that there was a system specifically for reporting accidents and aggressive behaviour, but that a system for reporting and investigating other significant events had not yet been established. We also noted that staff were not aware of the systems for reporting aggressive behaviour. However, staff told us that no such incidents had occurred within the past year.

Staff were aware of the process for accident reporting, and had heard of, but did not fully understand, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents reported in the past year.

The principal dentist told us that they were committed to operating in an open and transparent manner; they told us they would always inform patients if anything had gone wrong and offer an apology in relation to this.

Reliable safety systems and processes (including safeguarding)

Staff were not aware of their responsibilities in relation to child and adult safeguarding. Only one member of staff had completed relevant training, there was no practice policy in relation to safeguarding, and staff did not know how to escalate concerns to relevant local authority contacts. There was a whistleblowing policy in place with directions for staff on how to raise concerns about the practice's performance. We discussed potential safeguarding scenarios with staff members. They assured us that no such concerns had been identified by them in the past year.

The practice had carried out other risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. They demonstrated a clear understanding of the practice protocol with respect to needle stick injuries. They also described a risk-reduction protocol about how to handle sharps with a view to preventing injury. However, there was no written

risk assessment which described the rationale for why dental local anaesthetic syringes were to be recapped during patient treatment, in accordance with EU Directive on safer sharps (2013).

We discussed the current protocol for handling sharps with one of the associate dentists. A rubber needle guard was not used, and needles were re-sheathed by the dentist using a one-handed scooping technique.

We checked whether the practice followed national guidelines on patient safety. For example, a rubber dam is recommended for use in root canal treatment in line with the guidance supplied by the British Endodontic Society. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.] The use of rubber dam was inconsistent across the practice. Some dentists routinely used the rubber dam. However, one of the dentists told us that they did not use the rubber dam, but instead isolated teeth using cotton wool. We discussed this with the principal dentist who confirmed that they were working towards all of the dentists using the rubber dam.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). However, we noted that some items of equipment, such as the airway tubing and syringes, were out of date and needed replacing. The principal dentist confirmed that these would be replaced as soon as possible. We also found that the AED was new (within the past couple of days) and had not yet had its battery fitted and staff were not yet aware of how to use it. The principal dentist assured us that this would be addressed in the following week.

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff.

Are services safe?

The staff we spoke with were all aware of the location of the emergency equipment. There was also written information displayed in the administrative office describing appropriate actions to take in response to a medical emergency. However, not all staff had received annual training in using the emergency equipment. We made the principal dentist aware of this issue; they told us they would be booking staff on to a relevant training course as soon as possible.

Staff recruitment

The staff structure of the practice consists of a principal dentist, two associate dentists, a hygienist, a head dental nurse, two trainee dental nurses and a receptionist.

There was a recruitment policy in place. Some staff, including an associate dentist, trainee dental nurses, and a receptionist had been recruited within the past year. The new members of staff we spoke with told us that they had attended an interview with the principal dentist. They had also been asked to provide proof of identity, a review of employment history, evidence of relevant qualifications, and a check of registration with the General Dental Council (where required). Clinical staff had also been asked to provide information about their immunisation status in relation to Hepatitis B. The principal dentist sent us documents after the inspection which confirmed that this was the case.

We noted that the recruitment policy did not specify under what circumstances a Disclosure and Barring Service (DBS) check would be required for staff prior to employment. The principal dentist sent us evidence via email after the inspection confirming that three members of the clinical team had a DBS check. However, there were also two trainee nurses recruited in the past year. They were working with patients in the treatment rooms and had not had such a check carried out by the practice prior to employment. (The 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.)

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety

policy in place. The practice had considered the risk of fire, had clearly marked exits and an evacuation plan. There were also fire extinguishers situated throughout the premises.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. However, this file did not summarise actions which could be taken to minimise identified risks and a full review of COSHH substances held at the practice had not taken place. COSHH products were securely stored.

The practice did not have a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

There were informal arrangements to refer patients to other practices in the local area, should the premises become unfit for use.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The head dental nurse was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste.

We observed that the premises appeared clean, tidy and clutter free. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in each of the treatment rooms, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked the head dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice had followed the guidance on decontamination

Are services safe?

and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. Staff described the process they followed to ensure that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

We checked the contents of the drawers in one of the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was obvious which items were for single use and these items were clearly new. Each treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The practice used a decontamination room for instrument processing. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned prior to inspection under a light magnification device. Items were then placed in an autoclave (steriliser). When instruments had been sterilized, they were pouched and stored appropriately, until required. However, we found that the pouches were not dated with a date of sterilisation and an expiry date in accordance with HTM 01-05.

The autoclave was newly installed and working effectively. Regular checks, including the automatic control test and steam penetration test, were carried out. A log book was used to record the essential daily validation checks of the sterilisation cycles.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The

practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location within the practice prior to collection by the contractor. Waste consignment notices were available for inspection.

Environmental cleaning was carried out in accordance with the national colour coding scheme by the practice staff. However, there were some areas around the premises which were harder to clean and maintain due to their construction. For example, the flooring in the treatment rooms had some small gaps and decontamination room work tops were not appropriately sealed at the edges.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The head dental nurse described the method they used which was in line with current HTM 01-05 guidelines. However, a Legionella risk assessment had not been carried out by an appropriately-trained person. There was no schematic of the water system. Monthly and six-monthly checks of the hot and cold water temperatures had not been carried out. The principal dentist had identified this issue. They showed us the written development plan for the practice which included a scheduled visit from an external contractor to assess the risk of Legionella in May 2016.

The practice had carried out a practice-wide infection control audit in September 2015. However, we found that this audit had not been fully completed and had not identified areas for improvement.

Equipment and medicines

The principal dentist was in the processing of renewing a range of equipment used at the practice. Within the past year a new X-ray machine, autoclave and AED had been purchased. Other equipment, such as the fire extinguishers and oxygen cylinder had been checked for effectiveness or replaced in a timely manner.

Are services safe?

Portable appliance testing (PAT) had last been completed in 2012. PAT is the name of a process during which electrical appliances are routinely checked for safety.

However, some equipment had not been appropriately monitored or maintained. For example, the records of servicing for the X-rays machines in each of the three treatment rooms could not be located.

Radiography (X-rays)

There was a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. We also saw evidence that staff had completed radiation training.

The documents pertaining to the maintenance of the X-ray equipment were not stored in this file. We asked the principal dentist to provide us with evidence that the

equipment had been serviced within the recommended time frames, that is, evidence of a yearly maintenance check and three-yearly service in relation to patient safety. They were not able to find documents demonstrating that these checks had been carried out for the three intra-oral X-ray machines in the treatment rooms.

There was also a new orthopantomogram (OPG) installed at the practice within the past year. The radiation protection file did not hold a copy of the critical examination packs and acceptance tests for the OPG. The critical examination packs and acceptance tests for this equipment was also not stored in the file and there was no evidence regarding the notification to the Health and Safety Executive. The principal dentist assured us that such a notification had been made; they had requested this document and it would be stored in the file in due course.

Audits on X-ray quality had not been carried out within the past year.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The staff working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. One of the associate dentists described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were not always recorded appropriately. For example, the associate dentist told us that the details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out where appropriate during a dental health assessment. However, the outcome of this examination was not always recorded in the appropriate electronic template on the computer record system. We noted that the system for recording information had recently changed from a paper-based to an electronic system. The associate dentist told us that there was still work to do to improve the recording of information in the correct areas. The principal dentist assured us that further in-house training on this topic would be provided.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentists were aware of the need to discuss a general preventive agenda with their patients. The dentists referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). They were aware of the need to hold discussions around smoking cessation, sensible alcohol use and providing dietary advice. The dentists also carried out examinations to check for the early signs of oral cancer.

. The dentists referred patients to the hygienist working at the practice to further address patients' oral hygiene concerns.

We observed that there were health promotion materials displayed in the waiting area; including information aimed at engaging children in good dental hygiene practices. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

We reviewed staff professional development and training. The principal dentist sent us information via email after the inspection which demonstrated that staff had engaged in continuous professional development, in line with guidance issued by the General Dental Council. We noted that this covered X-ray training for the dentists. However, not all of the staff had completed appropriate training in responding to emergencies or managing safeguarding concerns.

There was an induction programme for new staff to ensure that they understood the protocols and systems in place at the practice.

The principal dentist told us they had plans to engage staff in an appraisal process which would review their performance and identify their training and development needs within the next month. We observed that some blank written templates had been prepared for this purpose.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

One of the associate dentists and reception staff explained how they worked with other services, when required. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for implants and more complicated extractions.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. The practice asked patients to contact the practice if they had not been seen by other providers in a timely manner so that they could monitor the progress of the referral. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to one of the associate dentists about their understanding of consent issues. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Patients were asked to sign formal written consent forms for specific treatments.

Not all of the dentists were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). However, the dentists we spoke with could all describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The comments cards we received, and the patients we spoke with, all commented positively on staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentists and that they were made to feel at ease during consultations and treatments. We observed staff were welcoming and helpful when patients arrived for their appointment.

Staff were aware of the importance of protecting patients' privacy and dignity. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were having treatment. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

Staff understood the importance of data protection and confidentiality and had received some initial guidance on information governance. Patients' dental care records were stored electronically and in a paper format. Paper records were stored securely in locked cabinets. Computers were

password protected and regularly backed up to secure storage. However, we noted that a screen at reception could be overlooked and a computer in the X-ray room had been left open and unattended.

Involvement in decisions about care and treatment

The practice held information in the waiting area which gave details of the private and NHS dental charges or fees. There were a range of information leaflets in the waiting area which described the different types of dental treatments available.

We spoke with the principal dentist and one of the associate dentists on the day of our visit. They told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentists and hygienist recorded the information they had provided to patients about their treatment and the options open to them.

The patient feedback we received via comments cards, and through speaking with patients on the day of the inspection, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. Each dentist could decide on the length of time needed for their patient's consultation and treatment. They told us they had enough time available to prepare for each patient, and could flexibly schedule additional time for patients they knew required additional support. The feedback we received from patients indicated that they felt they had enough time with clinicians and were not rushed.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area contained a patient folder which held information about opening hours, emergency 'out of hours' contact details and practice policy documents, including information about how to make a complaint.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff showed us they had access to a translation service, could provide written information for people who were hard of hearing, and use large print documents for patients with some visual impairment.

However, the practice was not wheelchair accessible as there were steps leading to the front entrance. The principal dentist told us that a formal Disability Discrimination Act audit had not been carried out to

systematically identify what reasonable adjustments could be made to the fabric of the premises to promote access. They told us that they made patients aware of the access issues and redirected patients to other, more accessible, practices in the local area, if necessary.

Access to the service

The practice was open from from 9.00am to 5.30pm, Monday to Friday. The practice also opened every other Monday until 7.30pm and every other Saturday from 10.00am until 1.00pm. The practice displayed its opening hours on their premises.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns.

We asked the reception staff and dentists about access to the service in outside of normal opening hours. They told us the answer phone message gave details on how to access out-of-hours emergency treatment.

Concerns & complaints

There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the patient information folder in the waiting area. No complaints had been received in the past year.

We noted that practice collected feedback through the use of a comments book in the waiting area. 15 comments had been received in the past year, all of which were positive about the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a management structure. There were relevant policies and procedures in place. Staff were aware of these and acted in line with them; governance issues were also discussed at regular staff meetings and the minutes from these were kept for reference purposes. However, we found that some key policies were missing, such as a policy for identifying and addressing safeguarding concerns and for reporting and investigating significant events.

There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. However, there had not been a systematic practice-wide risk assessment in the past year and we noted some areas where further action was needed. For example, the COSHH file needed updating, there was no formal fire risk assessment, and the infection control audit had not been successfully completed.

We also noted that the practice had not fully recognised the risks and its responsibilities in terms of ensuring staff had received appropriate safeguarding training and training in responding to medical emergencies.

The principal dentist told us that they were working towards improving the governance structures and protocols at the practice. They showed us a document which identified at what intervals different audits and risk-assessments needed to be carried out. They had also kept a log of improvement and development issues which needed to be addressed. They updated this log as soon as any issue was identified and also recorded when the actions needed to redress the problem had been completed. This covered topics such as improvements to the fabric of the building, staff training, and the need for an external consultant to carry out a Legionella risk assessment.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or head dental nurse. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring towards the patients and committed to the work they did.

There were plans in place for the carrying out of staff appraisals within the next month with a view to identifying personal development plans, career aspirations and training needs.

Learning and improvement

The provider had a clear vision for the practice and had refurbished some aspects the premises, including the waiting area, toilet and X-ray room, during the past year. There were plans for the coming year to continue with this process. For example, the principal dentist told us that one of the treatment rooms would be fully refurbished this year.

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

However, the practice did not have an effective programme of clinical audit, which could be used as part of the process for learning and improvement, at the time of the inspection. For example, although an infection control audit had been started in September 2015, it had not been completed and had not identified any action points for improvement. There had also not been an audit of X-ray quality or of the quality of dental care records.

We discussed this issue with the principal dentist. They told us that both the X-ray equipment and systems for record keeping had changed in the past year with a view to improving these processes. They showed us a schedule which identified the intervals at which audits would need to be carried out in the coming year. They also assured us that the use of audits and how to complete them would be discussed with relevant members of staff in order to improve the quality of the auditing process.

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

The practice gathered feedback from patients through the 'Friends and Family Test' and through the use of a comments book situated in the waiting area. All of the feedback had been positive about the quality of care received. Staff told us that changes to the running of the

Are services well-led?

practice had been made as a result of patient feedback. For example, the practice had changed its opening hours on a Monday and Saturday in order to accommodate patients who were otherwise at work when the practice was open.

Staff told us that the principal dentist was open to feedback regarding the quality of the care. The staff meetings also provided appropriate forums for staff to give their feedback.

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

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

The provider had not ensured that systems and processes were established to effectively prevent abuse of service users.

Regulation 13 (1) (2)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

There was a lack of suitable arrangements for the servicing of X-ray equipment.

Regulation 15 (1) (e)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have systems to enable them to continually monitor risks, and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff.

Regulation 17 (1) (2) (a) (b)

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1) (2) (3)