

Mr. Richard Riddell

# Kings Heath Dental

## Inspection Report

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### Ratings

#### Overall rating for this service

Requirements notice



Are services safe?

No action



Are services effective?

No action



Are services caring?

No action



Are services responsive?

No action



Are services well-led?

Requirements notice



### Overall summary

We carried out an announced comprehensive inspection on 12 September 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 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?

# Summary of findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

## Background

Kings Heath Dental Practice has two dentists who work full time; one of whom is the principal dentist, one part time dental therapist, a part time dental hygienist, one qualified dental nurse who is registered with the General Dental Council (GDC), a recently qualified dental nurse awaiting registration with the GDC, a receptionist and a practice manager. The practice's opening hours are 8am to 5pm on Monday and Wednesday, 8am to 6pm Tuesday and Thursday and 9am to 5pm on a Friday. The practice closed between the hours of 1pm to 2pm each day during lunchtime.

Kings Heath Dental Practice provides NHS and private dental treatment for adults and children. The practice has three dental treatment rooms on the ground floor. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There was also a reception and waiting area.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 principal dentist was present during this inspection.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received feedback from 34 patients who provided an overwhelmingly positive view of the services the practice provides. All of the patients commented that the quality of care was good.

## Our key findings were

- Systems were in place for the recording and learning from significant events and accidents.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.

- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- The provider did not have an automated defibrillator. A risk assessment had been developed and an agreement was in place with a nearby practice to use their equipment however, this was within a 10 minute walk of the practice.
- Staff had been trained to deal with medical emergencies although update training was overdue.
- The appointment system met the needs of patients and waiting times were kept to a minimum.

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. This should include ensuring appropriate signage is on doors where X-ray machines are located.
- Ensure that systems and processes are implemented to safeguard patients from abuse.
- Ensure that basic life support training is completed, equipment and medicines are available to manage medical emergencies and these are checked in line with the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's recruitment policy and procedures are suitable and 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.

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

# Summary of findings

- Review the practice's RIDDOR policy to ensure correct information regarding reporting information under RIDDOR regulations is recorded.
- Review the practice's procedures regarding Duty of Candour and ensure information is available to patients at the practice.
- Review the current staffing arrangements to ensure all dental staff, including hygienists are suitably supported by a trained member of the dental team when treating patients in a dental setting.
- Review the practice's systems and documentation regarding fire drills and ensure that details of all staff in attendance and the date and time of the drill are recorded.
- Review the practice's responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure systems are in place to assist those patients with hearing difficulties.

# 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.

Systems were in place for recording significant events and accidents. Staff were aware of the procedure to follow to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had not received update training in responding to a medical emergency; the practice manager arranged for this training to take place following our inspection. The practice had not developed a policy regarding the safeguarding of vulnerable adults. However, staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. Systems for the safe recruitment of staff included carrying out disclosure and barring service (DBS) checks, and obtaining references but the practice did not obtain a pre-employment medical questionnaire.

The practice used a system of safety sharps, and disposable matrix bands to lessen the risk of inoculation injury to staff.

Infection control audits were being undertaken on a six monthly basis. The practice had systems in place for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

No action



### Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

The practice used oral screening tools to identify oral disease. Patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients' dental care records confirmed this.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



### Are services caring?

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

No action



# Summary of findings

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. Feedback from patients was overwhelmingly positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

## Are services responsive to people's needs?

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

Patients had good access to treatment and urgent care when required. The practice had ground floor treatment rooms. However there was no toilet adapted to meet the needs of patients with a disability. Patients registered at the practice were informed of this. Ramped access was provided into the building for patients with mobility difficulties and families with prams and pushchairs. The practice did not provide a hearing induction loop for use by people who were hard of hearing.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

There was an effective management structure in place. Staff said that they felt well supported and could raise any issues or concerns with the registered manager. We were told that the provider was very approachable and supportive and the culture within the practice was open and transparent. Staff told us they enjoyed working at the practice and felt part of a team.

Regular clinical audit was undertaken to highlight and improve areas of practice. However, the practice had not developed a policy regarding safeguarding vulnerable adults and did not have contact details for the organisations responsible for the investigation of alleged abuse, although we were told that these could easily be obtained.

Systems in place regarding fire safety were not robust. For example there was no evidence that fire extinguishers had been serviced since 2014. There was no documentary evidence to demonstrate that action had been taken to address issues identified in the practice's fire risk assessment. Systems in place regarding medical emergencies were not robust. There was no evidence in staff files seen that staff had undertaken basic life support within the previous 12 months. The practice manager took action following this inspection to address these issues.

The practice did not have an automated external defibrillator although they had agreement with a GP and dental practice to use their equipment. The practice's

Requirements notice



## Summary of findings

risk assessment recorded that the defibrillators were a 10 minute walk away. Therefore a defibrillator may not be available for 20 minutes in a medical emergency. This is not in accordance with the guidance produced by the Resuscitation Council (UK).

# Kings Heath Dental

## 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.

This inspection took place on 12 September 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with four members of staff, including the principal dentist. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

Systems were in place to enable staff to report incidents and accidents. We saw that an accident book was kept in the practice manager's office and completed as necessary when accidents occurred at the practice. Staff spoken with were aware of the location of the accident book and of the process to follow to report accidents. We were told that there had been five staff and no patient accidents since the practice opened approximately 10 years ago. We looked at the accident report forms for the accidents which had taken place within the last 12 months. The date of the last accident was 7 September 2016. We saw that report forms were completed and removed from the accident book for storage in the individual staff member's recruitment file. There was no method of cross referencing from the accident book to identify where completed forms were kept. Following this inspection the practice manager sent email confirmation that all accident records were now cross referenced to enable ease of access to the information.

Detailed records were kept regarding accidents including any advice given to staff, records of conversations and actions taken. We were told that the recent accident would be discussed at the next practice meeting. We saw that a meeting was held regarding the accident that took place in September 2015. The practice manager said that accidents and incidents were not a standard agenda item but would be discussed as and when accidents and incidents occurred.

The practice manager said that they were the significant events lead and staff spoken with were aware who held this role. We were unable to find a significant events policy; the practice manager could not find this policy on the day of inspection. The practice did not have any significant events to report. Following this inspection the practice manager forwarded a copy of a newly developed accident and significant events policy. This gave staff information on the action to take to report accidents, near misses and significant events.

We discussed the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) with the practice manager.. We were told that there had been no events at the practice that required reporting under

RIDDOR. We saw that detailed guidance was available for staff regarding RIDDOR and forms were available to enable staff to report incidents under RIDDOR regulations if necessary. The practice had developed a RIDDOR policy but this required updating as it informed staff that they should report RIDDOR incidents to the Health and Safety Executive. However since 2015 any RIDDORs related to patients visiting healthcare premises have been passed to the Care Quality Commission (CQC).

There was no system in place to ensure that all staff members were kept up to date with any national patient safety and medicines alerts. The practice manager had previously received these alerts by post but when the system for receiving these alerts changed they had not updated their details. The practice manager confirmed that they would register to receive these alerts via email as soon as possible and following this inspection we received email confirmation that this had taken place.

There was no information in the waiting room regarding Duty of Candour (patients should be informed when things went wrong, when there was an incident or accident and would be given an apology). We asked the practice manager if they had developed a Duty of Candour policy but they were unable to find this document during the inspection, although they confirmed that they had this information. This policy was not provided post inspection.

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

The practice had a policy in place regarding child protection which was implemented in May 2013 and had been reviewed on an annual basis. We saw that this policy recorded the name of a different dental practice and needed review and update to record Kings Heath Dental Practice details. A child protection policy statement was available as well as a safeguarding children in a dental practice checklist. A 'child protection and the dental team' flow chart gave staff guidance on the steps to take to report suspected child abuse. We saw that there were also standard letters to various organisations to report suspected abuse. A separate sheet recorded the contact details of the local organisation responsible for the investigation of child protection issues. We saw that staff had signed to say that they had read and understood this policy. However new staff employed recently at the practice had not signed this document.





## Are services safe?

There was no policy regarding safeguarding vulnerable adults. The practice manager confirmed that there was no policy or contact detail to report suspected abuse of a vulnerable adult. We were told that this would be developed as a matter of urgency.

The principal dentist had been identified as lead and all staff spoken with were aware that they should speak to this person for advice or to report suspicions of abuse. We were told that there had been no safeguarding issues to report.

We saw evidence that all staff had completed the appropriate level of safeguarding training. This was completed as part of their core continuing professional development training.

There had been two sharps injuries at the practice within the past 12 months. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A special device was used during the recapping stage and the responsibility for this process rested with each dentist.

A sharps injury risk assessment had been completed. The risk assessment was reviewed on an annual basis. Sharps information was on display in the decontamination room.

Root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

### Medical emergencies

There were some systems in place to manage medical emergencies at the practice although these were not robust. We saw that the practice did not have an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice had an agreement with a local GP practice and a dental practice to use their AED. The emergency medical equipment storage box recorded the address details for these services. The practice had not completed a risk assessment to demonstrate that the arrangements in place were sufficient. Following this inspection we received a

copy of a risk assessment which recorded that the AEDs were within ten minutes walking distance of the practice. The practice were not working in accordance with the guidance produced by the Resuscitation Council UK which records that clinical dental areas should have immediate access (within the first minutes of a cardiorespiratory arrest) to an AED.

Staff had all received annual training in basic life support in February 2015 and this training was now overdue for update. Following this inspection we received confirmation that training had been booked for 6 October 2016.

Other emergency equipment including oxygen was available. However, there were no records to demonstrate that this equipment was checked regularly by staff. Following this inspection we received evidence to demonstrate that daily recorded checks had been implemented on the oxygen cylinder.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. All emergency medicines were appropriately stored and we were told that these were regularly checked to ensure they were within date for safe use. We saw records to confirm that the expiry dates were checked but the practice were not completing weekly checks to ensure that the medicines were available for use. Following this inspection we received a copy of the new log book set up to record weekly checks of the emergency medicines.

A first aid kit was available which contained equipment for use in treating minor injuries. Records were available to demonstrate that equipment in the first aid box was regularly checked to ensure it was available and within its expiry date. The practice's first aid policy recorded the name of the designated first aider. This staff member no longer worked at the practice. The practice manager told us that they would amend the policy. Following this inspection we received a copy of the amended policy with confirmation that the practice manager would be undertaking first aid training in order to fulfil the designated first aider role.

### Staff recruitment

The practice did not have a recruitment policy that described the process to follow when employing new staff. However, the practice manager confirmed that they had copies of all paperwork used during the recruitment



## Are services safe?

process and this demonstrated that they followed a standardised process. Following this inspection the practice manager forwarded a copy of a newly developed recruitment procedure which recorded details of the process to follow and information required prior to employment at the practice.

We discussed the recruitment of staff and looked at three recruitment files in order to check that recruitment procedures had been followed. We saw that these files contained pre-employment information such as proof of identity and written or verbal references. We were told that as part of the interview process the practice manager obtained a copy of the potential employee's CV and details of their qualifications, however this information was not available on the files seen. Recruitment files also contained other information such as contracts of employment, although these had not been signed by staff in the three files seen. We were told that these staff had been employed in May 2016 and August 2016 and these would be signed following their three month probationary review, which was slightly overdue for two staff. We were not shown evidence to demonstrate that staff had completed a pre-employment medical questionnaire.

We saw that disclosure and barring service checks (DBS) were in place and we were told that these had been completed for all staff. 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.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that there were enough dental nurses to provide cover during times of annual leave or unexpected sick leave and agency staff would be used if necessary. There were enough staff to support dentists during patient treatment. All dentists worked with a dental nurse. The dental therapist worked with a dental nurse provided by an agency and the practice were in the process of recruiting for another dental nurse.

The hygienist worked alone without chairside support. We were told that systems were in place to ensure that the hygienist had a sufficient amount of equipment for each morning session and equipment would be sterilised during lunchtime ready for the afternoon session. We drew to the attention of the practice manager the advice given in the

General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting.

### Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. Numerous risk assessments had been completed and risk management policies were in place. For example, we saw risk assessments for fire, expectant mothers, lone working, manual handling, sharps injury, hepatitis B non-immunised staff or non-responder and a general practice risk assessment. Risk assessments were reviewed on an annual basis. The date of last review was May 2016.

We saw that the practice had developed a health and safety policy which had been reviewed in May 2016. A health and safety poster was on display in the corridor leading to the first floor office and staff room.

The practice manager was the named lead regarding health and safety. All staff spoken with said that they could speak with the practice manager for health and safety advice if required.

We discussed fire safety with staff and looked at the practice's fire safety risk assessment and associated documentation. The fire risk assessment was completed in December 2013 by the practice manager. We saw that some issues for action had been recorded on the risk assessment. The practice manager was able to describe some of the actions taken. However there was no evidence to demonstrate that all actions had been taken as recorded on the risk assessment. The risk assessment had been reviewed in May 2016. Following this inspection the practice manager forwarded evidence to demonstrate that further actions as recorded in the risk assessment had been completed.

The practice manager confirmed that fire extinguishers had been serviced on an annual basis. There was no documentary evidence to demonstrate this and the stickers on the fire extinguishers provided by the company who serviced them were dated 2014. The practice manager confirmed that they would ensure that these were serviced as soon as possible and we received email confirmation that a service of the fire extinguishers was booked for 15 September 2016.



## Are services safe?

Fire drills took place on a monthly basis with the date of the last fire drill being July 2016. Records shown to us did not demonstrate the time of the fire drill or the names of the staff in attendance.

A well organised COSHH file was available which recorded details of all substances used at the practice which may pose a risk to health. An itemised list was available which had been reviewed and updated when new products were used at the practice. COSHH products were stored securely in a lockable cupboard.

### Infection control

As part of our inspection we conducted a tour of the practice. We saw that the dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. Patient feedback also reported that the practice was always clean and tidy.

The practice manager was responsible for undertaking all environmental cleaning of both clinical and non-clinical areas. We saw that cleaning logs were completed to demonstrate cleaning undertaken. Apart from the use of steam cleaning in the dental treatment rooms, the practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and signage was in place to identify which colour of cleaning equipment was specific for use in that area. The practice did not have a policy regarding the use of steam mops including information on the frequency with which mop heads were cleaned or replaced.

Systems were in place to reduce the risk and spread of infection within the practice. There were hand washing facilities in each treatment room and in the decontamination room. Signs were in place to identify that these sinks were only for hand wash use. Adequate supplies of liquid soaps and paper hand towels were available throughout the premises.

Staff uniforms ensured that staff member's arms were bare below the elbow. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers. Staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

The practice had developed an infection control policy which had been reviewed in May 2016.

The policy was available to all staff in a policy folder. The practice manager was the named lead for infection control and was responsible for ensuring infection prevention and control measures were followed.

Infection prevention and control audits were completed on a six monthly basis. The last audit was undertaken in September 2016, copies of all risk assessments undertaken since 2012 were available on file. We looked at some of the recent audits and saw that these audits were reported on and action plans were recorded.

Records demonstrated that all staff had undertaken training in September 2015 regarding the principles of infection control.

We looked at the procedures in place for the decontamination of used dental instruments. A separate decontamination room was available for instrument processing. Systems were in place to ensure that instruments were safely transported between treatment rooms and the decontamination room. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination and these were clearly identified.

A dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments and we found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05).

We saw that there was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included gloves, aprons and protective eye wear. Instruments were manually cleaned before a visual inspection was undertaken using an illuminated magnifying glass. Instruments were then placed in an autoclave to be sterilised. Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines.

All the equipment used in the decontamination process had been regularly serviced and maintained in accordance with the manufacturer's instructions and records were available to demonstrate this equipment was functioning correctly.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a



## Are services safe?

term for particular bacteria which can contaminate water systems in buildings). A risk assessment regarding Legionella had been carried out by an external agency in January 2016. Evidence was available to demonstrate that all issues identified had been actioned.

We discussed clinical waste with the practice manager; we looked at waste transfer notices and the storage area for clinical and municipal waste. We were told that clinical waste was collected every few weeks. Clinical waste storage was in an area where members of the public could not access it.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Sharps bins were fixed to walls in appropriate locations which were out of the reach of children. Needle stick policies were on display in the decontamination room.

### Equipment and medicines

Records seen demonstrated the dates on which the equipment had recently been serviced.

Compressors had been inspected in May 2016, the autoclave serviced in October 2015 with the next service recorded as being due on 26 February 2017.

All portable electrical appliances at the practice had received an annual portable appliance test (PAT) in January 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We saw that one of the emergency medicines (Glucagon) was stored in the emergency medicines kit. Glucagon is used to treat diabetics with low blood sugar. Staff spoken with were not aware that if this medicine was stored at room temperature the expiry date should be adjusted. We were told that this would be addressed immediately.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. We were told that this practice did not dispense medicine.

### Radiography (X-rays)

We saw that the practice had a well maintained radiation protection file which recorded that the Health Protection Agency were the Radiation Protection Advisor (RPA) and Mr Riddell the Radiation Protection Supervisor (RPS). These people had been appointed to ensure equipment was operated safely and by qualified staff only. Local rules were available in each of the treatment rooms where X-ray machines were located for all staff to reference if needed.

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety.

We saw that the practice had not notified the Health and Safety Executive that they were planning to carry out work with ionising radiation. However following this inspection we received email confirmation that a notification had been sent and the practice was awaiting a response. There were no signs on doors where X-ray machines were located.

Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years. The date of last inspection was recorded as 8 April 2016.

Dental care records where X-rays had been taken showed that dental X-rays were justified, and reported on every time.

We saw a recent X-ray audit completed in July 2015. We were told that the principal dentist would commence another audit immediately. Audits help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with dentists about oral health assessments. We were told that following completion or update of medical history records, an examination of the patient's teeth, gums and soft tissues was completed. During this assessment dentists looked for any signs of mouth cancer. The practice used a proforma on their computer to record details of their assessment of soft tissue.

We saw details of the condition of the gums 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).

Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was discussed with the patient and treatment options explained in detail.

Discussions with the dentists showed they were aware of and referred to National Institute for Health and Care Excellence guidelines (NICE), particularly in respect of lower wisdom teeth removal and antibiotic prescribing. NICE guidance was also used to determine recall intervals for patients. Each dentist took risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease. Patient dental care records demonstrated that risk factors had been documented and discussed with patients.

Patient dental care records that we saw demonstrated that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

Dentists we spoke with told us that where relevant, preventative dental information was given in order to improve the outcome for the patient. Fluoride varnish was applied to the teeth of all children and to adults with a high dental caries risk in accordance with the Delivering Better Oral Health Toolkit.

### Health promotion & prevention

Medical history forms completed by patients included questions about smoking and alcohol consumption. We were told that these were completed, reviewed and updated as necessary at each appointment. Patients spoken with said that they were given advice if needed regarding foods that affect dental health, smoking cessation and alcohol consumption. The dentist gave advice about oral hygiene, tooth brushing techniques and interdental cleaning and patients could be referred to the hygienist if necessary.

We saw entries in dental care records that detailed patients' oral health and details of discussions that had taken place with patients regarding improving oral health.

Health promotion leaflets and posters were on display in the waiting room to support patients to look after their teeth. Free samples of toothpaste and toothbrushes were available in treatment rooms. Patients were also able to purchase a range of oral hygiene products from the practice.

### Staffing

Practice staff included a principal dentist, foundation dentist, hygienist, therapist, practice manager, two dental nurses and a receptionist. Records showed professional registration with the GDC was up to date for all relevant staff. The practice manager had a system in place to ensure that all GDC registrations were up to date.

We discussed staff training with the practice manager and with staff. Staff told us that they had completed induction training but had not worked at the practice long enough to undertake any additional training as yet.

The recruitment file of the qualified dental nurse demonstrated training undertaken at their previous place of employment. We were told that the practice would ensure staff were provided with their core continuing professional development (CPD) and staff were able to request further training. CPD is a compulsory requirement of registration as a general dental professional.

There was no evidence in staff files seen that staff had undertaken basic life support within the previous 12 months. The practice manager confirmed that they would forward evidence to demonstrate that this training had been completed and following this inspection we received confirmation that basic life support training had been booked for all staff for 6 October 2016.





# Are services effective?

(for example, treatment is effective)

The practice manager confirmed that informal staff training was undertaken for one hour each week and discussions had been held for example regarding fire safety.

Appraisal systems were in place and had been completed previously. However both dental nurses and the receptionist were newly employed and had not had an annual appraisal as yet. Staff spoken with confirmed this but said that they were able to speak with the practice manager at any time if they had any issues or concerns. We were told that discussions were held with staff about CPD and training during appraisal meetings to ensure staff met their CPD requirements. The practice manager described the appraisal process which included a six monthly review and annual appraisal

## Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients who required complex oral surgery, implants, or orthodontic treatment. The practice had developed a policy on referrals. We were shown some examples of referral letters, copies of these were kept on patient records but patients were not given a copy. There were no systems in place to check that patients had received their referral appointment apart from the patient making contact with the practice to inform them.

## Consent to care and treatment

We saw that leaflets were available explaining some treatments. Diagrams and models were shown to patients as well as written and verbal information given to help patients understand treatment options.

Staff confirmed individual treatment options were discussed with each patient. We were told that patients were given verbal and written information to support them to make decisions about treatment. We were shown entries in dental care records where treatment options were discussed with patients. Any risks involved in treatment were also recorded. In addition a written treatment plan with estimated costs was produced for all patients to consider before starting treatment. There was evidence in records that consent was obtained.

The practice demonstrated a good understanding of the processes involved in obtaining full, valid and informed consent for an adult. A consent policy had been implemented and a copy of this policy was available for patients in the practice information folder located in the waiting area. We saw that the policy did not make reference to the Mental Capacity Act (MCA). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Following this inspection we were sent a copy of the consent policy which had been amended and now referenced the MCA. There were no recent examples of patients where a mental capacity assessment or best interest decision was needed.



## Are services caring?

### Our findings

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

Staff told us that privacy and confidentiality were maintained at all times for patients who used the service. The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If computers were ever left unattended they would be locked to ensure confidential details remained secure. Patients' clinical records were stored electronically. Computers were password protected and backed up on a daily basis to secure storage. Staff said that patients could speak with them in the practice manager's office to hold confidential discussions if requested. We saw that the receptionist was friendly and welcoming to patients as they entered the practice and with patients on the telephone. Patients said that all staff were helpful, caring and kind and we received positive feedback about the practice on comment cards which were completed by patients prior to our inspection.

Treatment rooms were situated off the waiting area. We saw that doors were closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy. Music was played in the treatment rooms and in the waiting area, this helped to distract anxious patients and also aided confidentiality as people in the waiting room would be less likely to be able to hear conversations held at the reception desk.

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

The practice provided patients with information to enable them to make informed choices. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Clear treatment plans were given to patients which detailed possible treatment and costs.

Patients commented they felt involved in their treatment and it was fully explained to them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided NHS and private treatment and treatment costs were clearly displayed in the waiting area.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. There were vacant appointment slots to accommodate urgent appointments.

Staff told us that patients were usually able to get an appointment within a week of their initial contact with the practice and were always able to get an appointment within 24 hours if they were in dental pain. We were told that there was also a 'buddy practice' that would also see patients in dental pain at times when dentists were unavailable due to annual leave or sick leave. Feedback confirmed that patients were rarely kept waiting beyond their appointment time.

### Tackling inequity and promoting equality

The practice did not have a hearing induction loop for use by people who were hard of hearing. We were told alternative methods were used to communicate with these patients. For example some of the patients were able to lip read, others wrote information for staff and arrangements could be made with an external company to provide assistance with communication via the use of British sign language.

We asked about communication with patients for whom English was not a first language. We were told that the majority of patients were able to communicate using English language. A translation service was available for use if required and had been used in the past at the practice.

This practice was suitable for wheelchair users, having ground floor treatment rooms with the use of a portable ramp to access the front of the building. However, there was no adapted toilet for use by disabled patients.

### Access to the service

The practice's opening hours were 8am to 5pm on Monday and Wednesday, 8am to 6pm Tuesday and Thursday and

9am to 5pm on a Friday. The early morning and the late evening opening times helped to ensure that those patients with work commitments during normal working hours were still able to receive an appointment with a dentist. A telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays.

Patients were able to make appointments over the telephone or in person. Staff we spoke with told us that patients could access appointments when they wanted them. Emergency appointments were set aside for each dentist every day; this ensured that patients in pain could be seen in a timely manner. These patients would always be seen within 24 hours of calling the practice.

Patients could access care and treatment in a timely way and the appointment system met their needs.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The policy also recorded contact details such as NHS England and the Parliamentary and Health Service Ombudsman. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice.

We saw that the practice kept a log of complaints received on a monthly basis. The practice had not received any formal written complaints within the last 12 months. We were shown details of the last complaint received and saw that the practice had responded in a timely manner and detailed information regarding the complaint and investigation were recorded.

Staff spoken with were knowledgeable about how to handle a complaint. We were told that any complaints received would be sent to the practice manager who was the complaint lead.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on display in the waiting area, and in the practice folder which was available in the waiting area.

The practice manager was unable to find information regarding 'Duty of Candour' during this inspection and this was not provided post inspection.



# Are services well-led?

## Our findings

### Governance arrangements

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. Staff spoken with were aware of the location of these policies and confirmed that they were easily accessible in the practice manual. Staff had signed a document to confirm that they had read all policies in the practice manual. However it was noted that there was no policy regarding safeguarding vulnerable adults. The practice manager confirmed that they did not have contact details to report suspected abuse of a vulnerable adult but would be able to find this information if required. We were told that the policy would be developed as a matter of urgency.

The practice had clear lines of responsibility and accountability. The management team consisted of the principal dentist and practice manager. One full time dentist, a part time dental therapist, a part time dental hygienist, a qualified dental nurse who is registered with the General Dental Council (GDC), a recently qualified dental nurse awaiting registration with the GDC and a receptionist also worked at the practice.

Systems in place regarding fire safety were not robust. For example stickers on fire extinguishers recorded that they had last been serviced in 2014. The practice manager felt that they had been serviced following this date but was unable to provide any evidence of this. There was no documentary evidence to demonstrate that action had been taken to address issues identified in the practice's fire risk assessment. Following this inspection we received email confirmation that a service of the fire extinguishers was booked for 15 September 2016 and we were forwarded details of actions taken following the fire risk assessment.

Systems in place regarding medical emergencies were not robust. There was no evidence in staff files seen that staff had undertaken basic life support within the previous 12 months. Following this inspection we received confirmation that this training had been booked for all staff on 6 October 2016. The practice did not have an automated external defibrillator although they had agreement with a GP and dental practice to use their equipment. The practice's risk assessment recorded that the defibrillators were a 10 minute walk away. This is not in accordance with

the guidance produced by the Resuscitation Council (UK) which records that clinical dental areas should have immediate access (within the first minutes of a cardiorespiratory arrest) to an AED.

Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice.

We were shown a selection of dental care records and saw that they were complete, legible, accurate and secure.

### Leadership, openness and transparency

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff were aware of who held lead roles within the practice such as complaints management, safeguarding and infection control. The culture of the practice was open and supportive. Staff told us that they worked well as a team, provided support for each other and were praised by the management team for a job well done.

We looked at the minutes of the most recent practice meetings; we saw that there had been two meetings during 2016. Staff we spoke with said that they found these meetings useful, they were kept up to date with any changes at the practice and felt that they were well informed. Staff also told us that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. We were told that the registered manager was approachable and helpful. Staff said that if they were unable to attend the meeting they received a copy of the minutes and were briefed upon the discussions held. However we noted that practice meetings had not been held on a regular basis prior to 2016 as the only minutes of meetings available before 2016 were dated 2013.

### Learning and improvement

The practice had a plan in place to audit quality and safety. We saw that infection control audits were completed on a six monthly basis with the last audit being completed in September 2016. Other audits included radiography (July 2015), record card (December 2015), and hand hygiene (2016). Action plans were recorded as required.

We spoke with the practice manager about appraisal systems. We were told that systems in place included the completion of personal development plans. However as all staff at the practice were newly employed they had not

## Are services well-led?

undertaken an appraisal meeting as yet. We were told that these would be arranged after staff had completed their probationary period including a three and six monthly review.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The practice manager confirmed that discussions would be held with staff regarding CPD during their appraisal to ensure they were up to date with their CPD requirements.

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

The practice had systems in place to seek and act on feedback from patients including those who had cause to complain. Patients had various avenues available to them to provide feedback, for example; a comments book and

the friends and family test (FFT) box in the waiting room. The friends and family test is a national programme to allow patients to provide feedback on the services provided.

We looked at the FFT results for March, April and July 2016. We saw that 125 responses had been received during these three months. All responses were extremely positive and patients had commented on the friendly service, thorough approach of dentists and caring excellent staff. The practice manager told us that comments made by patients on FFT feedback forms were put on display on the noticeboard. We were told that FFT results were usually positive.

Staff said that they would speak with the practice manager or another member of the management team if they had any issues they wanted to discuss. We were told that the management team were open and approachable and always available to provide advice and guidance.

## 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<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not operate effective systems and processes to assess and, monitor and mitigate the various risks arising from undertaking of the regulated activities. The provider did not have appropriate signage on doors where X-ray machines were located and had not implemented robust systems and processes to safeguard patients from abuse.</p> <p>The provider had not ensured that risks to the health and safety of people using the service had been mitigated by ensuring that staff training regarding basic life support was completed; or by providing equipment and medicines to manage medical emergencies and systems to ensure these are checked in line with the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.</p> <p>The provider had not developed a recruitment procedure and was not obtaining all pre-employment information in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |