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# Hafren House Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Hafren House Dental Practice is located in ground floor premises situated in the town of Alfreton in north Derbyshire. There are three treatment rooms, two of which are on the ground floor. The practice provides mostly NHS dental treatments (95%). There is a pay and display car park for dental patients a short distance from the practice.

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

The practice's opening hours are – Monday: 8:45 am to 5 pm; Tuesday: 8:45 am to 5 pm; Wednesday: 8:45 am to 6 pm; Thursday: 8:45 am to 5 pm and Friday 8:45 am to 5 pm. The practice closed for lunch between 1 pm and 2 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates locally Derbyshire Emergency Dental Service (DEDS) and the practice make their telephone number available to patients.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has three dentists; one hygienist/ therapist; five qualified dental nurses; one receptionist and one practice manager.

On the day of inspection we received 49 CQC comment cards providing positive feedback and we spoke with patients. Among the themes we identified from patient feedback were the reception staff were friendly and approachable, confidentiality was respected, dentists were caring and explained what was happening and the options for treatment, the premises were clean and there was plenty of information available.

## Our key findings were:

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

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.

# 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.

There were systems for recording accidents, incidents and complaints.

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

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

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

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

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

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

No action



### Are services effective?

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

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

Discussions about treatment options were recorded in dental care records.

Health promotion was given a high priority, with an identified member of staff taking the lead. The practice made efforts to ensure patients were given information and advice to improve their oral health.

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

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

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

No action



# Summary of findings

## Are services caring?

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

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

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

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

No action



## Are services responsive to people's needs?

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

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

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

Interpreters were available for patients who could not speak English. There were clear instructions for staff in how to book interpreters and ensure patients' needs were met.

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

No action



## Are services well-led?

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

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

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

Policies and procedures were kept under review.

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

No action



# Hafren House Dental Practice

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 25 January 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

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

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

We reviewed policies, procedures and other documents. We received feedback from 49 patients about the dental service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. The last recorded accident had been in October 2016. This had been analysed and investigated within the practice and we saw that appropriate action had been taken. The cleaning arrangements had changed since this incident and we were assured that eye protection was available for cleaning staff when using bleach.

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

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The records identified there had been one significant event in the 12 months leading up to this inspection. The practice recorded significant events and analysed them to identify any learning points. Following the analysis significant events were discussed in staff meetings. The most recent significant event occurred in February 2016 and related to a complaint received at the practice. This had been discussed in a staff meeting on 21 September 2016 and was recorded in the minutes of that meeting.

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

The practice had a Duty of Candour policy which was due for review in January 2018. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with

relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Discussions with the practice manager identified there had been no examples of the policy needing to be put into action. However, the practice manager said that any event would be treated as a significant event and discussed with all staff in a team meeting. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

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

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

The practice manager was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level two during June 2015. A level three course had been booked for April 2017. We saw documentary evidence that all staff had completed safeguarding training to level two during 2015 or 2016. Discussions with the principal dentist identified there were suitable arrangements in place when the practice manager was away from the practice.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy formed part of the overall health and safety policy. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear. The practice manager was in the process of reviewing the COSHH information in the practice.

# Are services safe?

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 30 November 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a policy for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only clinical staff handled needles and needles were not re-sheathed. There was a safety system in use which allowed needles to be handled safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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

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

## Medical emergencies

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

There was a first aid box which was located in the practice office. We saw evidence the contents were being checked regularly. We saw certificates demonstrating two members of staff had completed first aid at work courses. The certificates identified the training was due to be renewed in September 2017.

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

All staff at the practice had completed basic life support and resuscitation training in January 2017. We saw certificates had been issued to staff following this training.

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

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

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



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

We saw that every member of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager.

## Monitoring health & safety and responding to risks

The practice had a risk based approach to health and safety with a comprehensive health and safety policy. The policy had been reviewed in January 2017 and identified the principal dentist as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them. Risk assessments had been reviewed on 1 September 2016.

Records showed that fire extinguishers had been serviced in August 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in April 2016. We saw there was a manual fire alarm system installed with emergency lighting and battery operated smoke alarms throughout the practice. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill annually with the last one completed on 18 January 2017.

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

A Business Continuity Plan was available in the practice and a copy was held off site. This had last been reviewed and updated in January 2017. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan, and were displayed in the decontamination room for staff reference.

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health

Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in March 2016. A copy was available to staff in the decontamination room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. The practice manager was the lead for infection control at the practice. We saw that they had received additional infection control training in 2015 to help them carry out that role.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last three audits were completed in September 2015, March 2016, and December 2016. The latest audit had scored 99% and an action plan was in place to address issues highlighted in the audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

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

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

The practice had one washer disinfecter, this being a machine for cleaning dental instruments similar to a domestic dish washer. After cleaning, instruments were



# Are services safe?

rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had three autoclaves although only one was in use and the other two were available as a back-up. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The policy for dealing with blood borne viruses formed part of the infection control policy. This included a flow chart for staff to understand the necessary actions to be taken to reduce the risk. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor and had been reviewed in January 2017. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance. Recommendations identified within the assessment included staff training and completing quarterly dip slides. We saw documentary evidence to identify that staff had been trained and quarterly dip slides had been completed. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

## Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's

guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in December 2016. The gas supply at the practice had been checked and the practice had a new boiler fitted in August 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in October 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in January 2017. The washer disinfectant had also been serviced and validated in July 2016.

The practice kept a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. Prescription pads were not pre-stamped which added to their security and the stamp was held securely.

## Radiography (X-rays)

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

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

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

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

The practice had critical examination documentation for the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in December 2014. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required

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providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed.

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

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

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

Patients at the practice completed a medical history form which formed part of their electronic dental records. The medical history was reviewed in the treatment room with the dentist. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

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

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

### Health promotion & prevention

The practice had one waiting room for patients. One dental nurse had a recognised qualification in oral health education. The nurse had offered children in the practice advice following their appointment with the dentist. This allowed for targeted advice to improve the child's oral health, for example tooth brushing technique and using disclosing tablets to reveal areas of plaque (a sticky deposit on teeth where harmful bacteria are able to grow). This was

part of the patients' wider treatment plan and was aimed at improving oral hygiene and reducing the risk of decay. Photographs (the intra oral camera had settings for identifying plaque and tooth decay, leaflets and posters were used to demonstrate good oral hygiene techniques and were available to assist in the dental nurse's role. There were free samples of toothpaste for patients available in the practice, and children received a bag with a timer, toothpaste, sticker and an advice leaflet for the parents.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. Fissure sealants were also offered where appropriate and the practice also carried out saliva tests (mainly for children) who presented as being at high risk of tooth decay. Saliva tests helped clinical staff to assess the risk factor and the level of acidity in the mouth. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

The dentists had worked with both Nottingham and Sheffield Universities to carry out a study in using a glass-ionomer sealant to erupting permanent molars in children. A glass ionomer sealant is a surface protection material and seals small holes in the teeth which could develop into larger cavities.

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

We noted that with regard to smoking cessation the practice signposted patients to other local agencies offering this service. This was in line with the NICE guidelines: Oral health promotion: general dental practice (NG30).

### Staffing

# Are services effective?

## (for example, treatment is effective)

The practice had three dentists; one hygienist/ therapist; five qualified dental nurses; one receptionist and one practice manager. Dental nurses also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Training records for clinical staff were clear and we saw copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had received an annual appraisal. This was completed with the practice manager. Each member of staff had a personal development plan. We saw evidence of new members of staff having an in-depth induction programme.

### **Working with other services**

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

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment (where badly positioned teeth are repositioned to give a better appearance and improved function)

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were emailed through to the hospital. The practice had been made aware that Queens Medical Centre (QMC) were no longer accepting referral by FAX, and the referral process had been amended in-house to address this.

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

### **Consent to care and treatment**

The practice had a patient consent policy which had been reviewed in March 2016. We identified that certain aspects of the consent process were not clear within the policy. As a result the practice sent an updated version of the consent policy to CQC following this inspection. The updated version clarified those aspects of the consent policy that needed to be addressed. The updated policy referenced the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Discussions with the practice manager showed an understanding on the MCA and how it might apply to dentistry. There were copies of the easy read summary of the MCA available in the practice.

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

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

# Are services caring?

## Our findings

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

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a friendly and welcoming manner. We observed that staff spoke with patients with due regard to dignity and respect.

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

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

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

We received positive feedback from 49 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection. Among the

themes we identified from patient feedback were that the reception staff were friendly and approachable, confidentiality was respected, dentists were caring and explained what was happening and the options for treatment and that the premises were clean and there was plenty of information available.

The practice offered mostly NHS treatments (95%) and the costs of NHS treatments were clearly displayed in the waiting room. Private fees were available in leaflet form from reception. If patients were receiving treatment they were given a treatment plan which included the costs.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The patient areas of the practice were located over two floors. There was parking including disabled parking close to the dental practice.

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

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

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

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

### Tackling inequity and promoting equality

The practice had a disability policy which gave staff guidance on meeting the needs of and treating patients without prejudice or discrimination.

There were three treatment rooms one of which was situated on the ground floor and was accessible for wheelchair users.

The practice had one first floor toilet for patients to use. This was not accessible for patients using a wheelchair.

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act 2010 requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice used a recognised company to provide interpreter services for patients who could not speak English. British sign language interpreters were also available and used by the practice when needed. However, staff said there was very little need to use the service.

### Access to the service

The practice's opening hours were – Monday: 8:45 am to 5 pm; Tuesday: 8:45 am to 5 pm; Wednesday: 8:45 am to 6 pm; Thursday: 8:45 am to 5 pm and Friday 8:45 am to 5 pm. The practice closed for lunch between 1 pm and 2 pm.

The practice had a website: [www.hafrenhousedental.co.uk](http://www.hafrenhousedental.co.uk). This allowed patients to access the latest information or check opening times or treatment options on-line.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates locally Derbyshire Emergency Dental Service (DEDS) and the practice make their telephone number available to patients.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due. A poster in the waiting room informed patients this facility was available.

### Concerns & complaints

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

A copy of the complaints procedure was displayed on the notice board in the waiting room.

From information reviewed in the practice we saw that there had been two formal complaints received in the 12 months prior to our inspection. Documentation within the practice showed the complaints had been handled appropriately and an apology and/ or an explanation had been given to the patient when required.



# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice these had been reviewed at various times in the twelve months up to this inspection.

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

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

### Leadership, openness and transparency

We saw that full staff meetings at this practice were scheduled for once every three months. We saw full staff meetings were scheduled quarterly. Staff meetings were minuted and minutes were available to all staff. A signing in sheet identified that staff had read the minutes.

Discussions with staff identified they felt valued and there was good support within the practice.

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

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

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

### Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for

improvement, and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits and audits of radiography (X-rays) were completed every three months. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records. The practice had also audited their dental care records for each clinician; consent; and referrals.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. Information in the practice showed ten patients responded in December 2016 and all patients provided positive feedback.

There were 21 patient reviews recorded on the NHS Choices website. Three had been recorded within the 12 months of this inspection. Twenty of the reviews were positive, including the three received during the previous 12 months. We noted the practice had not always responded to the patient comments on the NHS Choices website.

The practice ran its own focus group. The minutes showed the last meeting had been in November 2016. Eight patients attended this meeting and the principal dentist had spoken about ways of preventing tooth decay so that invasive dental treatment could be avoided. The minutes



## Are services well-led?

showed there was a significant emphasis on preventing tooth decay in children and the principal dentist shared how data was being gathered to inform research into improving patients' oral health.

The practice had surveyed oral health promotion sessions for children through the later part of 2016. Thirty eight forms had been completed and the data had been sent to Nottingham University for analysis.