

IDH Limited

Mydentist - Town Street - Shepton Mallet

Inspection Report

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Website: www.mydentist.co.uk/dentists/practices/england/south-west/shepton-mallet/13-town-street Date of inspection visit: 19 August 2015
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Overall summary

We carried out an announced comprehensive inspection on 19 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mydentist – Town Street – Shepton Mallet is located in Shepton Mallet, Somerset. They provide general NHS dentistry to adults and children including routine check ups, root canal treatment, extractions, crowns, bridges and oral hygiene. Patients could be seen privately or through the NHS. Approximately 98% of patients receive NHS treatment with a 2% private patient base.

The practice has four treatment rooms, a decontamination room (for cleaning and sterilising dental instruments) and a dedicated Orthopantomogram (provides a view of all the teeth and supporting structures) X-ray room. The practice is purpose built, one treatment room is on the ground floor, which is fully accessible for patients with poor mobility. There are three treatment rooms on the first floor. The premises include an accessible toilet and two waiting areas; one on the first floor and one on the ground floor. Patients are greeted by reception staff at the entrance of the practice on the ground floor.

Summary of findings

The staff structure comprises of four dental practitioners, two registered dental nurses (one of these was moving practices within IDH limited on the day of our inspection) and three trainee dental nurses. The practice currently does not have a hygienist. There is a reception administration team comprising of two receptionists per shift.

The practice is open from 8:30am until 7pm Monday and Tuesday and from Wednesday to Friday from 8:30am until 5pm.

We have a record of a registered manager in place. However they left their role in March 2015 and at the time of the inspection we had not received an application to cancel their registration. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with four patients during the inspection who provided feedback about the service and we received 11 Care Quality Commission comment cards from patients. Patients told us they were seen quickly for urgent treatment, dentists had put them at ease when nervous and patients felt the treatment received was good with staff being helpful and respectful.

Our key findings were:

- The practice had systems and processes in place which ensured patients were protected from abuse and avoidable harm.
- Patients' care, treatment and support achieved good outcomes, promoted a good quality treatment and was based on the best available evidence.
- Staff involved, and treated, patients with compassion, kindness, dignity and respect.
- Services could be improved to ensure they meet patients' needs and reduce risks to patients, including regular consistent auditing of their practice and following provider procedures and protocols.

- Staffing arrangements need to be improved including regular appraisals and training. Recruitment processes need improving to ensure patient safety.
- Patients reported good access to the practice with emergency appointments available the same day.

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

- Ensure audits are fully completed regularly as specified by the department of health HTM01-05 guidance. Audits need to be completed by staff who have been sufficiently trained in areas including infection control to ensure the safety of patients using the service.
- Ensure there are effective communication systems to ensure policies and procedures were implemented effectively. For example, cleaners not following the providers cleaning schedule and clinical audits not being completed at intervals directed by the provider.
- Ensure staff support is provided through appraisals for all staff at regular intervals according to the provider policy.
- Ensure there is an effective system to monitor staff training to ensure it remained up to date and could be consistently monitored.
- Ensure the newly employed staff are recruited following the providers policy and information as specified in schedule 3 of the Regulations. This includes gaining appropriate references and criminal record checks before the person starts employment.

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

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

- Monitor staff to ensure they understand the complaints procedure and can direct patients to this when they are raising concerns about the service received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff recruitment needed to be improved to ensure the providers policy was being met, and the requirements detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were being met. Infection control systems needed to also be improved to ensure patients were protected from the risks of infection. Systems, processes and practices were in place to keep people safe and safeguard them from abuse. Risks to individual patients who used the services were assessed and their safety monitored and maintained. Potential risks to the service were anticipated and planned for in advance and systems, processes and practices were in place to protect patients from unsafe use of equipment, materials and medicines.

Are services effective?

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

The practice needed to improve how training for its staff could be monitor to ensure staff had completed relevant learning within appropriate timescales. Staff appraisals should be completed at the intervals the provider had specified to ensure they could be confident staff had the support, mentoring, skills, knowledge and experience to deliver effective care and treatment.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. The practice monitored patients' oral health and provided appropriate health promotion advice. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient. Patient's consent to care and treatment was always sought in line with legislation and guidance.

Are services caring?

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

Patients told us they were treated with compassion, respect and empathy and were involved and fully informed of decisions about their treatment.

Are services responsive to people's needs?

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

Patients could access routine and urgent treatment when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. Patients told us through comment cards and interviews the practice staff were very responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The practice had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The practice handled complaints in an open and transparent and way and apologised when things went wrong. The complaints procedure was readily available for patients to read in the reception area and on the practice website.

Summary of findings

Are services well-led?

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

Risks to patients could be improved through effective monitoring of clinical work through patient treatment audits. Monitoring could also be improved through completing infection control audits at six monthly intervals, monitoring of staff training and appraisals monitored and completed at intervals specified by the provider. The provider encouraged openness and transparency and promoted the delivery of high quality care and treatment. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

Mydentist - Town Street - Shepton Mallet

Detailed findings

Background to this inspection

The inspection was carried out on 19 August 2015 by a CQC inspector, who was accompanied by a registration inspector. They also had access to specialist dental advice, if required.

We asked the practice to provide a range of information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

On the day of our inspection we looked at practice policies and protocols, dental patient records and other records relating to the management of the service. We spoke with the acting practice manager, supporting practice manager

from another site, the area manager, two out of the four dentists, three dental nurses and a receptionist. We also reviewed 11 Care Quality Commission comments cards completed by patients and spoke with four patients.

We informed NHS England area team and Somerset Healthwatch that we were inspecting the practice and we did not receive any information of concern from them.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team and other agencies including Somerset Clinical Commissioning Group. The majority of staff had completed safeguarding training in protecting children and vulnerable adults in August 2015. Two members of staff were on annual leave when we inspected and so the provider did not have information of whether they had completed training in these areas. Staff spoken with demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect and told us they knew how to report concerns internally through the organisation and externally. There was a documented reporting process available for staff to use if anyone made a disclosure to them. The practice confirmed there had not been any safeguarding referrals made in the last year.

The provider had wanted to reduce the incidents of sharps injuries throughout the organisation and was now using a safety sharps system and the practice had this in place, which enabled a contaminated needle to never be exposed, providing complete protection for patients and staff.

The practice followed national guidelines about patient safety. For example, the practice used a rubber dam for root canal treatments. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the

operative site from the rest of the mouth). All dentists now used rubber dams for root canal treatment routinely and we were told each dentist had their own rubber dam kit available for use.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received annual basic life support training supplied by an external agency. If staff were unavailable to attend the training at the practice they were able to attend a course on other dates at local practices within the organisation. Staff spoken with understood their role if a medical emergency occurred.

The practice had suitable emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and British National Formulary (BNF). These included relevant emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were oxygen face masks for adults and children and different sized airways available. The equipment and medicines were checked daily by staff to ensure they were in working order and a clear record of the checks and replacement equipment/medicines was kept.

Staff recruitment

We reviewed two recruitment files for newly recruited staff members. The files we reviewed did not contain all of the evidence to meet the requirements of schedule 3 of the Health and Social Care Act 2008. We saw evidence of employment history had been gained through curriculum vitae, copies of qualifications certificates, a copy of proof of identification had been sourced.

Both recruitment files did not have adequate evidence of references taken. The provider recruitment policy states references should be sourced from the candidate previous employers over the last three years and/or had been in education in the last three years. References were obtained to reassure the employer the candidate being recruited was reliable, competent and suitable skilled to ensure patient safety. One member of staff had been employed since December 2014 and we saw had been employed by two previous employers prior to this role. We saw one reference had been gained. We received an additional reference for this person after the inspection.

Are services safe?

Another member of staff had been employed since December 2014. They had been previously employed and attended further education. We saw there was no evidence of references obtained. The acting practice manager advised they had tried to source a reference from their previous employer on a number of occasions, however they had not received a reply. This employee had been employed for eight months without evidence of a reference. There had been no attempt made to gain a reference from where the candidate had attended further education. The manager had not informed the provider's human resources department, as described in the recruitment policy. Following the inspection we were sent evidence of a reference from the candidate previous employment that had been gained on the day of the inspection. However, no reference had been sourced from the further education establishment.

We saw both recruitment files had evidence of a criminal history check through the Disclosure and Barring service (DBS). The DBS carries out checks to 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. However, one of these checks was received after the staff had commenced their employment. The provider's policy stated these checks should be received prior to employment otherwise their human resources department should be contacted. We were informed this had not been addressed with their human resources department. However, we were informed the staff member was not left alone with patients during this time.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, staffing and equipment. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We saw a fire risk assessment had been completed in May 2011. We saw completed fire logs including monthly emergency lighting and weekly fire alarm checks. Fire extinguishers had been checked annually by an external fire safety company. The practice had fire drills and we saw the last one had been held in June 2015. Staff had

completed online fire safety training in January and August 2015 and new staff were shown fire procedures when they started. The practice also had a trained fire marshal who had completed their training in March 2014.

There were systems in place to ensure patients' confidential information was protected. Dental treatment records were all stored electronically. Paper correspondence was scanned and added to the electronic patient record and the paper copy was destroyed. Electronic records were password protected to ensure they were kept secure.

Infection control

There were systems in place to reduce the risk and spread of infection within the practice. The practice was required to meet the essential requirements of the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). The lead dental nurse had the delegated responsibility for infection control procedures. Part of meeting the essential requirements of the HTM01-05 the practice should be conducting six monthly audits. However, we saw audits had not been routinely completed at this interval and had been either eight to nine months apart. The lead dental nurse had completed the last audit and the acting practice manager confirmed they had not received any training to complete this and we noted it inaccurately showed less compliance than the previous audit. This was due to questions being answered incorrectly providing an incorrect result. Another audit had been completed on the day of the inspection which showed higher compliance. However, it did not note the areas we had picked throughout the day.

The practice had one decontamination room and we spent time observing how dental nurses cleaned and sterilised instruments. There were decontamination protocols in place describing each stage of the decontamination process. The decontamination room enabled a dirty to clean workflow with allocated 'dirty' and 'clean' boxes for transporting dental instruments from the treatment room into the decontamination room. We saw personal protective equipment (PPE) was available for staff to use during the process, such as aprons, gloves and plastic masks. However, we noted aprons were not available in an

Are services safe?

apron dispenser and were hung over a door for staff to access, which was not a recommended storage method for reducing the spread of infections. Staff spoken with had a good knowledge of PPE use.

Dedicated hand washing facilities were available in the decontamination room including wall mounted hand soap, hand towels and moisturiser. There were two additional sinks; one for cleaning and the other for rinsing instruments. There were facilities to check instruments using a magnifier after they had been cleaned and they were packaged and stored correctly after sterilisation. Staff spoken with understood their role when cleaning and sterilising instruments.

The practice had a washer disinfectant and two non-vacuum autoclaves to clean and sterilise equipment. We saw this equipment used had received adequate daily and weekly checks to ensure it was working effectively. The washer disinfectant had recently been installed in the same week of the inspection. We were unable to see the weekly checks on this equipment as this was too early for them to be completed. We found one of the autoclaves was showing signs of rust and degrading around the water application seals, which had a potential infection control risk. The practice manager informed us new casings for these seals had been reordered on 11 August 2015.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM01-05 guidelines. A Legionella risk assessment had last been reviewed by the company's maintenance team in March 2015. We could see actions had been implemented following recommendations made, for example, hot and cold water taps had the temperature checked monthly. This ensured risks in relation to Legionella had been minimised.

We found the segregation and storage of dental waste was in line with current guidelines set out by the Department of Health. We observed that sharps containers and clinical waste bags were stored and disposed of in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked area of the practice prior to collection by the waste contractor.

Equipment and medicines

The practice had arrangements in place to ensure equipment was safe to use and maintained regularly. We saw evidence the X-rays were serviced in July 2015. We saw both autoclaves had last been serviced by an external maintenance company in January 2015. The two dental compressors we saw had last been serviced in May and June 2015. Portable appliance electrical equipment had last been tested in April 2015.

Staff told us ordering stock and equipment was generally easy to do and a member of staff had the lead for monitoring and reordering the stock.

Medicines were stored securely either in a storage cupboard or within treatment rooms which were always kept secure when not occupied. The dentist had responsibility for checking the expiry date of medicines before they were provided to the patient and this was recorded in the patients notes. Medicines kept in the cupboard were rotated when new stock arrived and used often. Medicines we checked were in date.

Radiography (X-rays)

Radiography equipment was available in all of the four treatment rooms. The practice had an orthopantomogram (OPG) and four digital X-ray machines which had recently been installed in July 2015. The OPG X-ray was located in a specific X-ray room and was used for taking a full view of the patients teeth and supporting structures within the mouth, whilst the others were located in each treatment room for routine imagery.

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). There was a well-maintained radiation protection file, in line with these regulations. Included in the file were the critical examination pack for the X-ray set, a copy of the local rules and appropriate notification to the Health and Safety Executive.

We saw evidence all dentists had completed radiation training. We reviewed a sample of dental care records where X-rays had been taken. These records showed dental X-rays were justified, reported upon and quality assured every time. Two of the dentists carried out regular audits to review their X-ray performance of 50 X-rays taken. The dentists would note improvement areas and if necessary received increased reviews to ensure X-ray quality and

Are services safe?

clarity. The other two dentists would be expected to carry out a review of their X-rays within the first year of

employment. These findings showed the practice was acting in accordance with national radiological guidelines so patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out patient consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We saw treatments were planned and delivered in line with patient's individual treatment plans. Two of the dentists described how they carried out patient assessments and we reviewed a sample of the dental care records. We found the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate).

The records showed an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action.

The reception staff gave all patients a medical history form to complete prior to seeing the dentist. The dentists' notes showed this history was reviewed at each appointment. This kept the dentist reliably informed of any changes in each patient's physical health which might affect the type of care they received.

Patients we spoke with and comments noted on the NHS choices website reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.

Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.

The dentists were aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.

Before taking X-rays dentists were guided by guidance from the Faculty of General Dental Practice (FGDP) to ensure they were required and necessary. Justification for the

taking of an X-ray was recorded in the patient's treatment record and these were reviewed in the practice's programme of audits. The dentists took X-rays at appropriate intervals.

Health promotion & prevention

The reception area displayed leaflets which explained the services offered at the practice. These included information about how to reduce the risk of poor dental health. The practice had a range of products patients could purchase which were suitable for both adults and children to help promote better oral health.

Our discussions with the dentists informed us preventative dental information was given in order to improve outcomes for patients. This included advice about smoking cessation, alcohol consumption and diet. Additionally, all the dentists carried out checks to look for the signs of oral cancer.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood. Oral hygiene and dietary advice had been discussed with the use of appropriate demonstrations.

Staffing

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements. The practice did not need to use locum staff as absence was limited and other practices within the organisation were located near by to cover any staff absence. Annual leave was planned in advance and only one dentist and dental nurse were allowed off at any one time. The registered manager had left in March 2015 who covered two sites; IDH Street and Mydentist – Town Street – Shepton Mallet. When they left the lead receptionist at IDH Street was asked to cover the management of both sites on a temporary basis until the provider employed a permanent manager. The acting practice manager was also expected to cover reception when it was short. This had an impact on day to day management of both of these sites.

We saw there was not an effective system in place to ensure staff received an annual appraisal. We reviewed

Are services effective?

(for example, treatment is effective)

records for three dental nurses and found two out of the three had not received an appraisal and the other had but this was over a year ago. We were informed appraisals had not been completed for all staff due to time constraints.

There was not an effective system to ensure training was completed within appropriate timescales by staff. We noted that the majority of staff training had been completed within the two week notice period of the inspection. This included infection control, information governance, safeguarding children and adults, health and safety awareness including fire safety. We were unable to determine when staff had last received this training because this information was unavailable when requested from the acting practice manager.

Medical emergency training was conducted annually by an external trainer and the last training had taken place in March 2015.

Professional registration was highlighted and monitored to show when staff were due for review by the General Dental Council. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place with the organisation.

Staff were encouraged to develop their role and were supported to complete additional training. One qualified dental nurse had successfully progressed as a treatment co-ordinator and an assistant to the practice manager at another practice within the organisation.

Working with other services

Two of the dentists explained how they currently worked with other services. Dentists were able to refer patients to a range of specialists in secondary care if the treatment

required was not provided by the practice. The practice held copies of relevant referral criteria for secondary and tertiary care providers in order to reduce referring inappropriately or unnecessarily.

A referral letter was prepared and sent to the hospital with full details of the dentists findings and a copy was stored in the practices' records system. When the patient had received their treatment they were discharged back to the practice. Patients treatment was monitored after referral back to the practice to ensure they received a satisfactory outcome and appropriate post-operative care.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in treatment records. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

We saw evidence the requirements of the Mental Capacity Act 2005 (MCA) had been considered by the practice. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Dental staff spoken with could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected views from 15 patients. They described the practice as friendly, caring and considerate to patients needs. Patients said the dentists were kind and gentle when providing treatment. Patients who were nervous when receiving treatment told us they were put at ease by the dentist and dental nurse and they were empathic and sensitive to their individual situation which encouraged them to return again for treatment. Patients commented that reception staff were always polite and helpful when either calling or visiting the practice.

Patients visiting the practice were seen by reception staff within the ground floor waiting area. The majority of patients waited in the second waiting room on the first floor where the additional three treatment rooms were situated. Staff were aware of how they would maintain patients confidentiality. If patients wanted to talk confidentiality then staff would be able to take them into an empty treatment room or the manager's office to have a conversation in private. We noted treatment rooms doors were closed when treating patients and blinds were used to provide a confidential environment for patients to be treated in.

Involvement in decisions about care and treatment

Patients told us they were provided with the relevant information to enable them to make an informed decision about their treatment. Patients told us dentists explained their treatment options clearly and they provided enough time to think about their choices before making a decision about their treatment.

Patients were provided with leaflets about specific treatments to help them understand their options, for treatments such as, root canal treatment, crowns, inlays and bridges. The dentists used materials, such as moulds, denture kits, X-rays and drawings, to help assist with supporting patients understanding of particular treatments.

Patients signed treatment plans to confirm they understood what treatment they were receiving and how much it would cost them. It was company policy for patients to pay for their treatment before they received their treatment. Information was available within the waiting areas about NHS banding fees and if patients were receiving private treatment, costs of treatments provided were displayed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided 98% NHS treatment and 2% private treatment and the costs of each were clearly displayed in the practice and on their website. The website contained information describing the different types of services patients could receive and a description of the treatment that would take place.

The practice monitored the number of patients who failed to attend their appointments. They had taken steps to reduce the frequency of those that did not attend through text message reminders and patient education on the impact of their non-attendance on other patients.

Tackling inequity and promoting equality

The practice had recognised the needs of different patients in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The provider had a equal opportunities and dignity at work policy, which provided staff guidance about what was expected of them to ensure patients were treated equally.

Reception staff told us staff could access a translation service for patients should it be required. Dentists explained ways they would explain treatment to assist and support patients with needs, such as hard of hearing or visual impairments, including writing information down and larger text information.

The practice had considered the needs of patients with reduced mobility. The practice was not purpose built and some areas of practice were inaccessible to patients with very poor mobility. The practice had put provisions in place to help assist and support patients where this was the case. The front door entrance was not automatic to ease wheelchair access. Reception staff were aware of patients requiring assistance and could easily see the front door from the reception desk to help assist these patients. The practice had an accessible toilet on the ground floor for patients to use. There was no patient car parking. However there was a public car park directly behind the practice. There was one treatment room on the ground floor and patients with reduced mobility were able to see their

preferred dentist in this room. The ground floor waiting area had enough space for wheelchair and pushchair access. There was also a lower level part of the reception desk for ease of access for patients.

Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Access to the service

Appointments were available from 8:30am until 7pm Monday and Tuesday and 8:30am until 5pm Wednesday to Friday. The practice displayed its opening hours outside the practice and on their website. The extended opening times on a Monday and Tuesday increased accessibility for the working population.

The practice had urgent appointment slots available everyday for patients who were experiencing pain. Patients commented that if they were in urgent need of treatment then they were able to be seen on the same day. If patients required assistance out of the practice opening hours then the answer phone message detailed how to access out of hours emergency treatment. The practice website included contact information about emergency dental access.

Concerns & complaints

There was a complaint policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice website.

There had been two complaints recorded in the past year and they had been satisfactorily resolved in line with the practice policy. The acting practice manager took the lead in investigating complaints and involved any relevant staff members. Complaints were discussed at monthly team meetings to provide an open and transparent environment to discuss patient concerns as a team. This showed the practice learnt from investigating complaints in order to improve the quality of care. We observed on our inspection that a patient was raising a concern about how the dentist had spoken to her child. We spoke with the receptionist after and they informed us a number of patients had complained about the way they had been spoken with but

Are services responsive to people's needs?

(for example, to feedback?)

did not routinely inform the patients of their rights to complain formally about this. This was fed back to the acting practice manager to review with the member of staff following our inspection as they were unaware of the patient feedback.

Duty of candour posters were displayed within the staff room to remind staff to be open and transparent with patients when things went wrong.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. All of the policies and procedures we saw had been reviewed and reflected current good practice.

The acting practice manager had responsibility for the day to day running of the practice with the support of the area manager. There was a clear leadership structure with named members of staff in lead roles. For example, a dental nurse lead on infection control and the clinical lead dentist was the lead for safeguarding vulnerable adults and children.

Communication between the provider and practice had not been effective in ensuring providers policies and procedures were implemented. The practice employed a cleaner who had been in place since January 2015. We observed when we first arrived at the practice that the patient toilets, particularly the accessible toilet, showed evidence of it not being cleaned effectively following the cleaners visit the evening before.

When we reviewed the cleaning schedules we identified the practice was using their own cleaning schedule, and not the provider cleaning schedule; the schedule being used did not include cleaning the toilets and was not as comprehensive as the provider schedule. The acting practice manager explained the cleaner was expected to do this. This showed there had not been an effective system in place for monitoring cleaning within the practice. The provider had fully comprehensive cleaning schedule which showed a daily check for cleaning the toilets. We were informed after the inspection the acting practice manager had arranged to meet the cleaner to implement the new cleaning schedule.

Leadership, openness and transparency

The practice held regular monthly practice meetings to enable an open environment for staff to raise any issues or

concerns about the service provided. The meetings provided an opportunity to discuss health and safety issues, medical emergencies simulations, complaints, patient feedback and provider and practice targets.

Staff reported there was an open and transparent culture at the practice which encouraged frankness and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager and be listened to. We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team and worked as a team toward the common goal of delivering high quality care and treatment.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

Learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. However, from the records we looked at staff had lacked support through appraisals; some had not received an appraisal since they had started with the company and others were overdue. Staff training and development had not been monitored to ensure they receive regular mandatory training at appropriate intervals. This had been due to practice not having a full time practice manager in place since March 2015 and the temporary manager covering two sites and in addition to covering reception when short staffed.

The systems in place to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients had not been effectively implemented. Infection control audits were not routinely completed at six monthly intervals as required by HTM01-05 department of health guidance. The last audit was completed by a new lead dental nurse who had not received training to complete the audit, it did not accurately reflect what was in place in the practice.

A programme of audits was implemented by the provider. However, this was not always followed by the practice to ensure the practice regularly monitored the quality of care and treatment provided and made any changes necessary as a result. All treatment record audits for all dentists had been initially completed the week we inspected. The

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results had not been feedback to the dentists when we inspected. However, improvements had been identified for all dentists to improve how they recorded discussions and treatment provided on the patient record system.

A previous treatment record audit had been completed for two of the dentists in September and November 2014. One of these had actions to review by April 2015 and this had not been completed. We were informed by the supporting manager that treatment record audits should be completed on a six monthly basis. An antibiotic audit had been completed in February 2015 for three of the dentists and we saw only the initial stage of the audit had been completed with no assessment of areas to improve upon. Audits carried out were not identified, assessed and acted upon quickly to ensure to patient risk was reduced.

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

There was a system in place to gain and seek feedback from patients about the service received. Patients were encouraged to complete the provider's patient questionnaire, friends and family test and write reviews on the NHS Choices website (a forum for patients to publicly provide their views about the practice and where the practice can respond to these views). Since April 2015 the

practice had only received one completed friends and family card. The patient had said they were extremely likely to recommend the practice to friends and family. We were informed no provider patient survey forms had been completed since August 2014. We saw the NHS choices website had 11 comments from patients in the last year, 10 of these were highly positive about the service received and all had been responded to by the provider.

The provider gained feedback from patients through sending text messages to patients after their appointment to gain their views of the service received including waiting time, overall experience, appointment times, choices of treatment and whether they would recommend the practice to anyone else. We saw from the 19 July to 19 August, 42 patients had responded through this method and the practice had received a result of 4.4/5 for patient satisfaction.

The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1)(2)(a)(b) Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulation 2014</p> <p>How the regulation was not being met:</p> <p>The systems in place to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients must be improved including audits are fully completed regularly as specified by the department of health HTM01-05 guidance. Audits need to be completed by staff who have been sufficiently trained in areas including infection control to ensure the safety of patients using the service.</p> <p>The systems in place to assess, monitor and improve the quality of the service must be improved to ensure there was an effective communication system to ensure policies and procedures were implemented effectively; cleaners not following the providers cleaning schedule, clinical audits not being completed fully and at intervals directed by the provider and recruitment was not being completed following the provider recruitment policy to ensure staff were safely recruited.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 (2)(a) Staffing</p> <p>Health and Social Care Act 2008 (regulated activities) Regulation 2014</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Staff should receive appropriate appraisal to enable them to carry out the duties they are employed to perform. Staff should be monitored to ensure they receive regular mandatory training at appropriate intervals.