

# Main Dental Partners Limited

# High Street Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 3 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 this practice was providing safe care in accordance with the relevant regulations.

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

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

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

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

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

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

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

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

#### **Background**

CQC inspected the practice on 16 February 2015 and asked the provider to make improvements regarding legal requirements relating to cleanliness; infection control; recruitment processes and monitoring the quality of the service provided. We checked these areas as part of this comprehensive inspection and found they had been resolved.

The practice offers private comprehensive, preventative care and treatment for its patient population. High Street Dental Practice has three dentists and one visiting dentist, from another of the company's practices, who offers the dental implant service. There is a practice manager, three dental hygienists, four dental nurses and two receptionists. At the time of our inspection there were three dentists supported by dental nurses on duty to meet the demands of the patient population. The practice manager was also in attendance.

The registered manager is one of the dental partners at the practice. 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.

The practice is open Monday, Tuesday, Wednesday & Friday: **8.30am – 5.00pm**, Thursday: **9.00am – 7.00pm**. As it is a wholly private practice it offers the company

# Summary of findings

dental care plan – ‘Torplan Care Plan’ as a form of dental insurance and to assist with spreading payment for dental treatments. The service is closed at weekends but offers an Out of Hours service for those patients who have signed up to the Torplan - Care Plan.

We spoke with eight patients who used the service on the day of our inspection and reviewed 22 Care Quality Commission (CQC) comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very complimentary about the service. They told us they found the practice and staff provided excellent and highly professional care; were extremely friendly and welcoming and all patients felt they were treated with dignity and respect.

We found the practice was effective in treatments provided, caring and responsive to patients needs and well led by the practice manager. We found the provider and manager had taken action to address the areas of non-compliance found at the last inspection.

## **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 of life and was based on the best available evidence.
- Staff involved, and treated, patients with compassion, kindness, dignity and respect.
- Services were organised so they meet patients’ needs.
- The leadership, management and governance of the organisation assured the delivery of high-quality; patient centred treatment and care, supported learning and innovation, and promoted an open and fair culture.
- Patients reported good access to the practice with emergency appointments available the same day.

# 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 this practice was providing safe treatment and care in accordance with the relevant regulations.

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong.

Systems, processes and practices were in place to keep patients 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 this practice was providing effective care in accordance with the relevant regulations.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice monitored patients' oral health and gave 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. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC).

### **Are services caring?**

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

We received positive feedback from patients about the quality of care provided at the practice. They felt the staff were patient centred and caring; they told us they were treated with dignity and respect at all times. We found patient records were stored securely and patient confidentiality was well maintained.

### **Are services responsive to people's needs?**

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

Services were planned and delivered to meet the needs of patients. Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of people with disabilities had been considered and arrangements had been made to ensure level access to the waiting area and treatment rooms on the ground floor. Patients were invited to provide feedback via a satisfaction survey.

There was a complaint policy which was displayed in the waiting room. Four complaints had been received by the practice in the past year one of these was the subject of current investigations. The practice manager followed the complaint policy in terms of carrying out and recording the investigations undertaken and the outcome for the complainant. The clinical staff described to us actions they had already taken to ensure identified areas for improvement were implemented.

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

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

# Summary of findings

Governance arrangements ensured responsibilities were clear, quality and performance were regularly considered, and risks were identified, understood and well managed. The leadership and culture reflected the vision and values of the practice. They 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.

The practice had an effective process to inform staff about when policies were updated. The updates were discussed in staff meetings and a copy of the minutes was placed with the policy document to indicate when this information was shared with the staff.

# High Street Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 3 August 2015. The inspection took place over one day. The inspection was led by a Care Quality Commission (CQC) inspector. They were accompanied by a dental specialist advisor.

We reviewed the areas of non-compliance found at the last inspection and the information received from the provider prior to the inspection. The practice sent us their statement of purpose, staffing levels and a summary of complaints they had received in the last 12 months. We also informed the local Healthwatch we were inspecting the practice; however we did not receive any information from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with 11 members of staff, including three of the dentists. We conducted a tour of the practice and looked at the storage arrangements for

emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

22 people had completed CQC comment cards and provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been no incidents recorded since our last inspection in February 2015. There was a policy for staff to follow for the reporting of these events and we heard from staff how this would be implemented when an incident happened.

Staff meetings were convened regularly, monthly informal meeting and formal meetings every three months, and any points of learning from incidents or audits were a regular agenda item. We were told this was where the wider learning points from an incident or audit could be disseminated and any necessary change in protocol discussed and passed to all staff. We saw in the minutes for February 2015 meeting and May 2015 meeting learning from the last inspection had been discussed and implemented. All staff present had signed an attendance sheet. For staff not present the practice manager ensured they were updated with information shared at the meeting.

We noted it was the practice policy to offer an apology when things went wrong. We saw an example of how the provider had exercised their duty of candour with a written apology that had been offered following a patient's complaint.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance.

### 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, social services and other agencies, such as the Care Quality Commission. This information was available in each surgery so staff could access the information flow diagram promptly. The contact details for local partner agencies were kept with the safeguarding policy, lead professional and in the practice manager's office.

Since the last inspection the practice had appointed a safeguarding lead professional, one of the dental hygienists, for the protection of vulnerable children and adults. They had been appropriately trained to level 3 as identified in the national guidance (Child Protection and the Dental team 2013). At the last inspection we found some dental practitioners had not completed safeguarding training. During this inspection we saw evidence all staff had completed safeguarding training in July 2015, and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead professional.

Staff were aware of the practice policy in relation to raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they knew they could raise such issues with one of the dentists or practice manager. They also knew they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. A practice-wide risk assessment had been carried out which covered topics such as fire safety, the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). We spoke with one of the dentists about the sharps protocol which had been put in place following this risk assessment to check staff were aware of the outcomes of these assessments. The dentist explained the use of sharps in line with this protocol. For example, they knew the discarding of a used needle was the dentist's responsibility.

The practice also 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).

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. Staff received annual training in using the emergency equipment. We saw the training also included responding to different scenarios, such as a patient fainting and using role-play drills. We saw

# Are services safe?

staff training in the handling of medical emergencies was last undertaken in November 2014. The practice manager showed us evidence training had been booked for all staff in October 2015.

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use. The practice had 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). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a cupboard in the surgery on the middle floor of the building for ease of access to all surgeries. Staff were aware of this arrangement. The equipment was easily removed from the cupboard in the event of needing to respond to an emergency.

## Staff recruitment

Staff were able to share different tasks and workloads when the practice entered busy periods for patients. Staff told us the levels of staff and skill mix were reviewed and staff were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy at times. For example, reception support was increased at busy times and other staff completed administration tasks.

There were effective recruitment and selection procedures in place however the recruitment policy was not reflective of safer recruitment guidelines as outlined in national guidance. The practice manager told us they would be revising this policy shortly. We reviewed the employment files for three staff members. Each file contained evidence which demonstrated the required pre-recruitment checks had taken place including application form, employment history, evidence of qualifications, questions and answers from interviews and employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

A range of checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where

required) and checks with the Disclosure and Barring Service (DBS) had been carried out. 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. 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.

## Monitoring health & safety and responding to risks

Potential risks to the service were anticipated and planned for in advance to ensure patient and staff safety. We saw there was a health and safety policy in place. There was a fire risk assessment which had been reviewed annually. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals and recorded. We also saw records of regular fire evacuation drills.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the law that requires employers to control substances which are hazardous to health. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise these risks. COSHH products were securely stored. The practice manager was responsible for maintaining the file and disseminated information about how to minimise the risks associated with new products to staff before they were used.

Alerts received were disseminated by the practice manager to practice staff. Alerts were discussed with staff and/or at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

The practice had developed clear lines of accountability for all aspects of care and treatment. Staff were allocated lead roles or areas of responsibility for example, safeguarding, the premises and infection control. There were arrangements in place to deal with foreseeable emergencies. We saw one of the dental nurses had completed a first aider at work course in July 2015. We found the practice had been assessed for risk of fire and



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routinely checked all fire equipment such as fire extinguishers. We saw these had been recently maintained and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There was a business continuity plan in place. This had been kept up to date with key contacts in the local area.

## Infection control

During our visit we saw the practice appeared clean and well maintained. There was a cleaning plan, schedule and checklists, which we saw were completed, and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health Regulations 2002. The practice manager reviewed the domestic staff's work to ensure schedules were being effectively followed. The practice manager told they had identified a problem with the cleaning company and this was being addressed. We saw documentary evidence to support this.

At the last inspection we found the practice had not been following appropriate guidance for the safety and wellbeing of patients. There were now systems in place to reduce the risk and spread of infection.

There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental hygienists took the infection control lead role and demonstrated to us how the practice had made changes and implemented the appropriate guidance to ensure compliance with the regulations.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05' Decontamination in primary care dental practices (HTM 01-05). In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the dental chair and the decontamination area in the surgery which ensured the risk of infection spread was minimised.

At the last inspection we found the autoclave (steriliser) in each surgery was being used in the surgery while patients were being seen. This was not good practice and did not

comply with HTM 01-05 minimum standards. At this inspection we were assured the autoclave (steriliser) was not used during patient treatment and did not observe this happening.

We examined the facilities for cleaning and decontaminating dental instruments. There was no dedicated decontamination room for the practice however the provider showed us their plans for the implementation of a separate decontamination room later in the year to meet the requirements of HTM 01-05.

In each surgery we saw there was a clear flow from 'dirty' to 'clean' around the room. One of the dental nurses in each surgery demonstrated how they processed instruments and showed a good understanding of the correct processes. The nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned and then inspected using an illuminated magnifier to check for any debris. Items were placed in an autoclave (steriliser) after cleaning. Instruments were placed in pouches after sterilisation and a date stamp was used to indicate when the sterilisation became ineffective.

One of the autoclaves was checked daily for its performance, for example, in terms of temperature and pressure using test strips and a log of these was kept to show it was working effectively. The provider showed us they had ordered a new autoclave with a data logger to replace this machine and to meet the requirements of HTM 01-05.

Staff explained to us the practice protocol for single use items and how they should be used and disposed. The methods described were in line with guidance. We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared to be clean, well maintained and clutter free. Staff told us the importance of good hand hygiene was included in their infection control training.

The practice had carried out regular infection control audits every six months. The last audit in May 2015 had found a very high level (98%) of compliance with infection control guidance. At the last inspection we found the flooring in all surgeries needed replacing to meet the minimum standards of HTM 01-05. At this inspection we saw one surgery floor had been replaced and met the



# Are services safe?

requirements of HTM 01-05 but others had not. In discussion with the provider and practice manager we were shown dates and plans for when these would be completed, within the next three months.

We observed how waste items were disposed of and stored securely. The practice had a contract for the removal of clinical waste. We saw the differing types of waste were safely segregated and stored at the practice; this included clinical waste and safe disposal of sharps. The practice had reviewed its waste storage and had taken action since the last inspection and had installed appropriate clinical waste storage bins in the basement.

All dental nursing staff spoken with demonstrated they had good understanding of the guidance of HTM 01-05. All the dentists we spoke with were conversant with HTM 01-05 guidance and told us they would advise and support the dental nurses if required.

The dental unit 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 HTM 01-05 guidelines.

We saw a Legionella risk assessment for the practice was booked for later in the month by an appropriate contractor. We observed the practice kept a monthly log of hot and cold water temperatures which demonstrated the water was within the required temperature to prevent the growth of Legionella.

Staff files showed staff regularly attended training courses about infection prevention and control. Clinical staff were also required to produce evidence to show they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. Records seen confirmed this for most staff. The practice manager told us she was following up one member of staff for whom they did not have this information.

There were hand washing facilities in each surgery and staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff and patients we spoke with confirmed staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures. A hand washing audit undertaken in May 2015 achieved 100%.

## Equipment and medicines

There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. Equipment had been serviced regularly, including the suction compressor, autoclave, oxygen cylinder and the X-ray equipment. We were shown the annual servicing records. The records showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was an informal system in place for reporting and maintaining faulty equipment such as dental drill hand pieces through reporting faults to the practice manager or lead dentist. Staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients. We spoke with the practice manager about the current system and they told us they would arrange for a more formal system to be implemented.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary. The batch number and expiry date for local anaesthetics were recorded on individual patient records. These medicines were stored safely.

The practice used a range of specialist equipment such as intraoral cameras and digital SLR cameras allowing the dentist to consult with patients about various treatment options available to them. Digital X-Ray machines were also used by the practice, these were located in a dedicated surgery of the practice specifically for use with dental implant provision.

Some products were being stored in a fridge in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.

## Radiography (X-rays)

Radiography equipment was available in all of the four treatment rooms.

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with

## Are services safe?

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, the three-yearly maintenance log, a copy of the local rules and appropriate notification to the Health and Safety Executive.

We saw evidence staff had either completed radiation training, or were booked on to an appropriate course to renew their training in 2015. 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. The practice had also carried out an audit of their X-ray performance in May 2015 which demonstrated X-rays were being taken to an appropriate standard. 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) however this information was not always well recorded. The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

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. Details of the treatments carried out were also documented; local anaesthetic details including type, site of administration, batch number and expiry date were recorded.

The reception staff gave all new patients a medical history form to complete prior to seeing the dentist for the first time. The dentists' notes showed this history was reviewed at each subsequent 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 practice's 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 worked according to the NICE guidelines in relation to deciding antibiotic prescribing and wisdom teeth extraction. The dentists were also 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.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

### Health promotion & prevention

The reception area contained leaflets which explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products patients could purchase that were suitable for both adults and children.

Our discussions with the dentists and dental hygienist together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around 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 they received appropriate professional development and training. We reviewed staff files and saw this was the case for all clinical staff. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place at the practice.

Staff told us, since the last inspection, an annual appraisal system to identify their training and development needs had been discussed and was being implemented. The practice manager showed us the 'proforma' which would

# Are services effective?

(for example, treatment is effective)

be used and we saw notes were to be kept from these meetings. We did not see any supervision records or personal development plans but were told by the practice manager they were being implemented as part of the new governance systems they had developed.

## **Working with other services**

The practice was working towards providing a range of specialist services to reduce the need to refer patients elsewhere. For example, there was a specialist in dental implantology who visited the practice regularly.

Two of the dentists explained how they currently worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. The practice held copies of relevant referral criteria for secondary and tertiary care providers in order to guide their referring practices.

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. Their treatment was monitored after referral back to the practice to ensure patients received a satisfactory outcome and appropriate post-procedure 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 the clinical records. Formal written consent was also 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.

The clinical staff 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 feedback from 29 patients. They described a positive view of the service provided. Patients commented staff were always helpful and considerate. Some patients particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease. During the inspection we observed staff in the reception area. They were polite and courteous towards patients and the general atmosphere was welcoming and friendly.

The practice obtained regular feedback from patients via a satisfaction survey. The practice manager was responsible for analysing the results of the survey annually. We noted from their report in 2014 the feedback about staff was positive and corroborated our own findings regarding staff's caring attitude. The results of the survey were discussed at a staff meeting. The practice manager told us they shared any negative feedback directly with the relevant dentist or hygienist if, and when, this occurred so staff could improve their communication skills in response.

There were systems in place to ensure patients' confidential information was protected. Dental care records were mostly stored electronically. Paper correspondence was scanned and added to the electronic record and stored separately for reference purposes. Electronic records were password protected and regularly backed up; paper records were stored securely in locked files. Staff understood the importance of data protection and confidentiality and had received training in information governance. Reception staff told us patients could request to have confidential discussions in a private area of the practice, if necessary.

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

The practice displayed information in the waiting area which gave details of the private dental charges and fees as well as their own dental insurance and care plan for spreading the costs of treatment. There was a range of information leaflets in the waiting area which described the different types of dental treatments available. Patients were routinely given copies of their treatment plans which included useful information about the proposed treatments, any risks involved, and associated costs. We reviewed a sample of dental care records and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with three dentist's, one hygienist and two dental nurses on the day of our visit. They understood the importance of providing clear explanations of treatments and costs in order to promote a shared decision-making process with their patients. They also showed us how they used written information, models and computer screens to provide visual and written prompts.

The patient feedback we received via discussions and comments cards, together with the data gathered by the practice's own survey, confirmed patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected; they would raise these with the practice manager. These would then be investigated and any learning identified would be shared with staff individually or at practice meetings if necessary.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice had a system in place to schedule enough time to assess and meet patients' needs. Each dentist could decide the length of time needed for their patient's consultation and treatment. The dentists we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs and the treatments required. They could request longer appointments where they knew they had particularly difficult cases which might require extra clinical time.

Staff told us they had enough time to treat patients, and patients could generally book an appointment in good time to see the dentist of their choice. The feedback we received from patients confirmed they could get an appointment within a reasonable time frame and they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Each patient contact with a dentist was recorded in the patient's computerised record. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Reception staff told us they had access to a translation service should it be required. There was written information for people who were hard of hearing as well as large print documents for patients with some visual impairment.

The practice had also considered the needs of patients with mobility issues. They had a ramp which could be put in place over the step into the practice to enable wheelchair access for patients with mobility difficulties. The practice had a treatment room and disabled toilet facilities on the ground floor.

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

The practice was open Monday, Tuesday, Wednesday & Friday: 8.30am – 5.00pm and Thursday: 9.00am – 7.00pm. The practice displayed its opening hours on their premises and on the practice website. There were copies of a practice information leaflet, which patients could take away with them, displayed in the reception. These leaflets included the practice contact details and opening hours.

We asked the practice manager about access to the service in an emergency or outside of normal opening hours. They told us they reserved two sessions with each dentist every day for emergency appointments. We reviewed the appointments system and saw this was the case. This meant patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

### 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 three complaints recorded in the past year and these had all been satisfactorily resolved in line with the practice policy. A fourth complaint was on going. The practice manager and one of the dentists had carried out investigations and discussed learning points with relevant

# Are services responsive to people's needs?

(for example, to feedback?)

members of staff. We reviewed one of the recent cases in detail and discussed this with members of the clinical team. They could clearly describe the discussions that had taken place at a practice meeting and the changes in protocol which had been established as a result. This showed the practice learnt from investigating complaints in order to improve the quality of care.

We noted from the file of historical complaints patients routinely received a written response, including an apology, when anything had not been managed appropriately.



# Are services well-led?

## Our findings

### Governance arrangements

At the last inspection we found the provider was not meeting the regulations because they did not have effective systems and processes in place to assess and monitor the quality of service provision. At this inspection we saw steps had been taken to address these shortfalls.

Since the last inspection the practice manager, who was only recently in post at the time, has worked hard and put good governance arrangements in place with an effective management structure. All of the staff were aware of these new arrangements and structure.

The provider and practice manager had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

We noted one instance where practice policies had not been strictly followed. This was in relation to the recruitment policy and the keeping of up-to-date staff files. In one personnel file inspected we saw there were some documents missing from the file these included employment history, references and Hepatitis B status. We discussed this with the practice manager at the time of the inspection. We were satisfied with the explanations given about this employee who had worked at the practice for a long time. The practice manager told us they would rectify the gaps and obtain the required information as soon as possible. We observed the recruitment of newer members of staff was undertaken properly in line with the policy and all relevant documents were held.

There were three monthly formal practice meetings, as well as more informal staff meetings every month, to discuss key governance issues. For example, we saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed. This facilitated an environment where improvement and continuous learning were supported.

### Leadership, openness and transparency

The ethos of the practice was to provide high quality dental care to their patient population, and to offer them clear and helpful advice about their oral health needs and a choice in the range of treatments appropriate to their patient's needs.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with any of the dentists or the practice manager. They felt they were listened to and the practice management team responded when they raised issues of concern or suggestions for improvement.

We saw from minutes of team meetings they were held regularly. Each meeting had an agenda that was variable but included updates and information about subjects such as infection prevention and control, clinical audits and health and safety. We saw completed audits which included aspects of health and safety, radiography and infection control.

There were clearly defined leadership roles within the practice. The practice manager ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, record keeping, incident reporting and consent to treatment. We reviewed a number of policies which were in place to support staff. We were shown information was available to all staff which included equal opportunities, confidentiality and staff employment policies. For example whistleblowing, harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Staff told us they enjoyed their work and were well supported by the provider, dentists and practice manager. Staff were aware the practice manager had recently implemented a regular appraisal system for all staff which would comment about their performance and elicit their goals for the future.

We spoke with the provider about their vision for the practice. They told us they placed a high priority on maintaining standards of care through the provision of a skilled clinical team, robust administrative support and the maintenance and renewal of the practice premises to reflect best practice guidance. They were committed to maintaining the quality of service provision in the practice and implementing new research and guidance.

# Are services well-led?

## **Management lead through learning and improvement**

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

The practice had a programme of clinical audit and risk assessments in place. These included audits for infection control, clinical record keeping and X-ray quality which showed a generally high standard of work. Risk assessments were being successfully used to minimise the identified risks. For example, we saw evidence of actions taken following a recent risk assessment of fire safety and evacuation.

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

Patients expressed their views and were involved in making decisions about their care and treatment. The practice used a patient feedback questionnaire to capture information about how the patients viewed the quality of

dental care they received. It included sections about appointments, reception, staff and cleanliness. The questionnaire also asked for patients' individual comments.

We saw the results obtained showed patients were very satisfied with the quality of service provided. Patients who used the service said it was very professional, friendly and welcoming. There were several comments which demonstrated the practice was family friendly and patients were at the heart of the practice.

The eight patients we spoke with were very happy with the standard of care they had received. They described the practice staff as helpful and friendly. Patients were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient feedback questionnaires and on the Care Quality Commission comment cards.

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.