

## BST Partnership

# BST Partnership - Alum Rock Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 December 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 providing safe care in accordance with the relevant regulations.

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

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

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

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

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

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

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

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

### **Background**

Alum Rock Dental Care provides general dental services to NHS patients. The service is provided by four dentists. They are supported by a practice manager and six dental nurses (two of whom are trainees). The dental nurses are on a rota system and also carry out reception duties. The practice is located in a residential area but close to local amenities. There is wheelchair access to the premises via a portable ramp. There is a waiting area and one treatment room on the ground floor to accommodate patients who cannot use the stairs. The premises consist of a reception area, waiting room, one treatment room, a decontamination room, staff room and accessible toilet facilities on the ground floor. There are a further two treatment rooms, a second waiting room and toilet facilities on the first floor. The office is situated on the second floor. Opening hours are Monday to Friday 10am to 6pm and Saturday 10am to 1pm. 100% of dental care and treatment at this practice is on a NHS basis.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

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

12 patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and we also spoke with patients on the day of our visit. Patients were positive about their experience and they commented that they were treated in a respectful and caring manner. Patients felt that the staff were caring and helpful.

## **Our key findings were:**

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. They had access to an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Patients told us they found the staff helpful and respectful. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. However, some patients commented they had to wait beyond their allocated time for emergency appointments.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff members visited local primary schools to promote good oral health.

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

- Check all audits have learning points documented and resulting improvements can be demonstrated.
- Maintain accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Accidents and incidents in the 12 months prior to our inspection had been documented and learning had been disseminated to all relevant staff members.

The practice had systems to assess and manage risks to patients, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. It had a robust recruitment policy to help ensure the safe recruitment of staff; however, not all of the staff files contained two references as stated in their own policy.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice protocol for ensuring that dental materials were within their expiry date required improvement as we found one dental material was out of date on the day of the inspection.

### **Are services effective?**

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Patients' dental care records provided information about their medical history, dental treatment and oral health advice. However, improvements were required so that record keeping was in line with guidance issued by the FGDP (Faculty of General Dental Practice).

Staff were knowledgeable about the importance of gaining patients' consent to care and treatment and this was documented. Staff members were familiar with the requirements of the Mental Capacity Act 2005.

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). However, this was not always documented in the patient's dental care records. We found that preventative advice was given to patients in line with the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

### **Are services caring?**

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patient feedback was generally positive about the care they received from the practice. They commented they were treated with kindness and respect while they received treatment. Patients commented they felt involved in their treatment and it was fully explained to them.

# Summary of findings

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

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

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed. Some patients commented they had to wait lengthy periods beyond their allocated appointment time. The practice was aware of this and had made changes to improve this issue.

There was an effective procedure in place for acknowledging, recording, investigating and responding to complaints made by patients. This system was used to improve the quality of care.

The practice offered access for patients with disabilities; it had accessible toilet facilities and one treatment room on the ground floor.

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

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

There was a clearly defined management structure in place and staff we spoke with felt supported in their own particular roles.

There were several systems in place to monitor the quality of the service including various audits. However, the audits did not all have documented action plans following analysis of the results. The practice used various methods to successfully gain feedback from patients.

Practice meetings were held regularly and were documented for learning purposes. These provided staff the opportunity to discuss concerns and any suggestions.

# BST Partnership - Alum Rock Dental Care

## Detailed findings

### Background to this inspection

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

We inspected Alum Rock Dental Care on 8 December 2015. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the practice manager, one dentist and three dental nurses/receptionists. One of the practice managers from the providers' other practices was also available at the practice on the day of the inspection. We spoke with patients and reviewed CQC comment cards which patients had completed. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. There were policies present which were accessible to all staff members. We saw that incidents were documented, investigated and reviewed by the practice. All incidents were reviewed by the practice manager on a regular basis. We saw evidence that incidents were discussed with staff members during practice meetings; this was documented for shared learning.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any RIDDOR reportable incidents in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with the MHRA (Medicines and Healthcare products Regulatory Agency). The practice manager was responsible for obtaining information from relevant emails and disseminating the information to all staff members. The practice utilised a memo system whereby the practice manager would display a memo of relevant information in the staffroom. Staff members were required to sign this once they had read the alert. In addition to this, the practice manager emailed all dentists and required email confirmation from the dentists as evidence they had read the information. The practice also had a policy which provided information on how to report any adverse drug reactions to the MHRA.

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

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead in the practice. Staff members we spoke with were all knowledgeable about safeguarding but not all had completed safeguarding

training in the past 12 months. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to do so.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway. We were told that a rubber dam kit was available in each treatment room. Not all of the dentists were using a rubber dam for all stages of the root canal treatment. We were told that alternative actions were used to reduce the risk to patients whenever rubber dams were not used.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event has the potential to cause serious patient harm or death. Staff members we spoke with were aware of Never Events and had processes to follow to prevent the occurrence of these events (such as extracting the wrong tooth).

All staff members we spoke with were aware of the whistleblowing process within the practice. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

We reviewed the practice policy on duty of candour and this was displayed in the office for all staff members to view. The intention of this regulation is to ensure that staff members are open and transparent with patients in relation to care and treatment.

### Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

# Are services safe?

Staff received annual training in the management of medical emergencies. Staff members we spoke with were all aware of the location of the emergency equipment and drugs.

The practice recently started to undertake regular checks of the equipment and emergency medicines to ensure they were safe to use. These records commenced only one week before our visit. Prior to this, records were present from 2013 but the checks had only been carried out intermittently. The current log sheets were comprehensive and the practice manager assured us they would continue to complete these checks on a weekly basis. The emergency medicines were all in date and stored securely. Glucagon (one type of emergency medicine) was not stored in the fridge and this does reduce its expiry date to 18 months after the date of purchase. The practice manager was aware of this and the medicine was within its expiry date.

## Staff recruitment

The practice had a policy for the safe recruitment of staff. This included Disclosure and Barring Service (DBS checks), professional registration, identity checks, references and the immunisation status for staff. We viewed two staff files on the day to review the practice's recruitment process. One of these potential employees was currently being recruited and the practice told us their successful employment was dependent upon the subsequent receipt of satisfactory references. We saw evidence that both staff files contained (or had requested) the information stated in the practice's own policy apart from one reference for one staff member.

The practice had a robust system in place to monitor professional registration and medical indemnity of the clinical staff members. We reviewed a selection of staff files and found that certificates were present and had been updated to reflect the current year's membership.

## Monitoring health & safety and responding to risks

We saw evidence of a business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. The plan was shared with the providers' other sister practice (which was local). We reviewed the plan and found that it had all relevant contact details in the event of an emergency.

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. For example, we viewed a fire safety risk assessment undertaken in February 2013. We saw that there was clear guidance on fire safety in the practice. We saw records that fire extinguisher inspections took place weekly. Fire alarms were tested and documented weekly and fire drills on a monthly basis. A fire safety assessment certificate was present and fire extinguishers had been serviced in September 2015.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. The practice identified how they managed hazardous substances in their health and safety and infection control policies. The COSHH folder was reviewed annually and all staff members were required to sign and date this to show they understood the updated information.

## Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice mostly 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)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We reviewed a selection of staff files and saw evidence that clinical staff had received immunisations against blood borne viruses (such as Hepatitis B) to ensure the safety of patients and staff. However, we found that a risk assessment had not been completed where there was a gap in assurance around this. The practice manager contacted us after the inspection and provided evidence of a risk assessment which gave details of additional precautionary measures that staff would undertake to protect themselves and patients.

We observed the treatment rooms and the decontamination room to be visually clean and hygienic. Several patients commented that the practice was clean and hygienic. Work surfaces and drawers were clean and free from clutter.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. The



# Are services safe?

treatment rooms had designated clean and dirty zones. The practice used computers and the keyboards in the treatment rooms had water-proof covers. The practice used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination room.

Sharps bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for weekly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. We were told there was a system for checking the expiry dates of processed and packaged instruments but it was not documented.

Staff used an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. The practice had an illuminated magnifying glass to improve the value of the inspection process. The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and these were replaced on a weekly basis in line with HTM 01-05 guidance.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted. Staff also confirmed this with us.

The practice manager informed us that all general cleaning (such as the treatment room floors and other rooms in the building) was carried out daily by an external cleaner. Colour coded cleaning equipment was supplied by the practice but the external contractors brought their own cleaning products. We saw that the cleaning equipment was stored in accordance with HTM 01-05 guidance.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out every six months in line with current guidance. Results of the most recent audit (November 2015) showed that the practice was 96% compliant in meeting the standards set by HTM 01-05. Although regular audits were undertaken, no action plans were documented. Without any outcomes or analysis, the practice could not assure themselves that they had made any improvements as a direct result of the audit findings.

A risk assessment process for Legionella was carried out in April 2015 and an action plan had been implemented. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The risk assessment categorised the premises as low risk for developing Legionella. The practice was recording the water temperature on a monthly basis to check the temperature remained within the recommended range. We reviewed the log sheet but it did not specify the location of the water outlet. This was discussed with the practice manager and they told us they would amend the log sheets to include the location - this additional step would make it simple to identify the location in the event of the temperature falling outside the recommended range. The practice manager contacted us after the inspection and we saw evidence that the log sheets had been amended. The practice was also carrying out annual water quality checks to ensure that Legionella was not developing. We viewed a written management scheme and its implementation. Staff members were following the guidelines on running the water lines in the treatment rooms to prevent Legionella.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray sets, pressure vessels and



# Are services safe?

autoclaves. We saw a certificate to state that Portable Appliance Testing (PAT) was completed in November 2015. (PAT confirms that electrical appliances are checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were also stored securely and out of sight when the treatment rooms were not in use. The practice did not keep a log of prescriptions given so could not ensure that all prescriptions were tracked and safely given. However, the practice contacted us after our visit and sent us evidence to show that they were now completing log sheets for all prescriptions.

The batch numbers and expiry dates for local anaesthetics were not always recorded in patient dental care records. The practice protocol for ensuring that dental materials were within their expiry date required improvement as we found one dental material was out of date on the day of the inspection. The practice manager amended the protocol and sent the revised version to us after the inspection. This was more robust and the practice manager told us that all staff had signed it to confirm compliance.

## **Radiography (X-rays)**

The practice used digital X-rays. The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Equipment was present to enable the taking of orthopantomograms (OPG). An OPG is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and

teeth. It is normally a 2-dimensional representation of these. However, the OPG machine was not used as it had not been maintained. The practice manager informed us that they were not planning to undertake any maintenance work on the machine and would dispose of it accordingly in future. Subsequent to the inspection, we were also told that this machine was marked 'out of use' and the plug had been removed. This would serve as a reminder to all staff to prevent the accidental use of the machine.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the treatment rooms for all staff to reference if needed.

We saw evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

The most recent X-ray audit was carried out in October 2015. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. Although several X-ray audits were undertaken in 2015, no action plans were documented. Without any outcomes or analysis, the practice could not assure themselves that they had made any improvements as a direct result of the audit findings.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists mostly carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP). However, improvements were needed with regard to their record keeping processes. One example of this included the lack of consistent documentation of X-ray justification. We spoke with one of the dentists and they told us they were taking X-rays in accordance with FGDP guidance but they were not always recording this.

The dentists did not consistently document the recall intervals, as directed by NICE (National Institute for Health and Care Excellence). (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines). This takes into account the likelihood of the patient experiencing dental disease. However, we spoke with one of the dentists on the day of the inspection and they demonstrated an excellent understanding of NICE.

We talked to one of the dentists about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient care records. Clinical records included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient every time they attended for treatment but not always entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was following the recommended guidance in adults but not in children. Most patients with gum disease were managed appropriately and some were referred to the dental hygienist (at the sister practice) for further gum treatment. The dentists were mostly recording the patient's individual risk to dental disease.

The practice used other guidelines and research to improve their system of clinical risk management. For example, following clinical assessment, the dentist told us they

followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. However, justification for the taking of an X-ray was not consistently recorded and neither were reports on the X-ray findings. We were told that treatment options and costs (where applicable) were discussed with the patient but this was not consistently recorded.

### Health promotion & prevention

The medical history form patients completed included questions about their smoking and alcohol consumption. The dentists we spoke with and the patient records showed that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were oral health promotion posters and leaflets available in the practice to support patients look after their health. One example included information about oral cancer.

Some of the staff members (dentists and dental nurses) were involved in promoting oral health in the local community. They visited local primary schools to promote good oral health. This was carried out approximately twice a year.

The practice carried out preventative care and supported patients to ensure better oral health by advising them on several factors that affect oral health. Examples included advice on smoking cessation and diet. The practice referred to guidance in The Delivering Better Oral Health Toolkit (DBOH). This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We were told the induction was not carried out formally for the dentists.

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee nurses as only qualified staff can register).

# Are services effective?

(for example, treatment is effective)

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses were often transferred from the providers' other local practices and staff were happy to travel between the two locations if required. We were told that this arrangement worked well because the practice would pay for travel and the other practices were larger and employed more staff so there was a lot of flexibility.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice. We saw evidence that staff members were receiving annual appraisals and reviews of their professional development.

Some of the dental nurses had carried out additional training which allowed them to undertake extended duties such as providing oral health education.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. We viewed eight referral letters and noted they were comprehensive to ensure the specialist services had all the relevant information required. Some patients were also referred to the providers' other dental practice if the patients requested to see the dental hygienist there. Alum Rock Dental Care provided all general dental services to patients but there was no dental hygienist at this practice. A selection of patients preferred to travel the short distance to the sister dental practice to receive dental hygienist services.

The practice understood the procedure for urgent referrals, for example, patients with a suspected oral malignancy.

## **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and how it was relevant to ensuring patients had the capacity to consent to dental treatment. We saw certificates which showed that staff had recently received MCA training. There were no recent examples of patients where a mental capacity assessment or best interest decision was needed. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. All staff members we spoke with who were directly involved in providing dental care and obtaining consent were familiar with the concept of Gillick competence. This relates to the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient but these were not always documented. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of customised treatment plans when reviewing dental care records.

# Are services caring?

## Our findings

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

12 patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with three patients on the day of the inspection. Overall the information from patients was complimentary. Patients were positive about their experience and they commented that they were treated with compassion and respect. They said that staff listened to them and were helpful.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. We observed staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. Staff said if a patient wished to speak in private an empty room would be found to speak with them. We were told that all staff had individual passwords for the computers where confidential patient information was stored. Staff told us they all logged out of the system whenever the computers were

unattended. All staff members were advised to change their passwords on a regular basis for additional security. Confidential patient information was stored in a secure area.

We were told that the practice appropriately supported anxious patients using various methods. The practice booked appointments initially for simple treatment and staged the treatment so that patients were not undergoing lengthy treatment in one visit.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment was not always discussed with them; however, this information was subsequently provided to them in the form of a customised written treatment plan.

Examination and treatment fees were displayed in the waiting room. Practice information leaflets were also readily available to all patients and contained further information about the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with disabilities were able to access the practice as there was a treatment room situated on the ground floor.

We found the practice had an appointment system in place to respond to patients' needs. If the dentist was running late, the receptionist would inform the patient so that they had the opportunity to rebook the appointment if this was more convenient for them.

Dedicated daily slots had recently been incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Consequently, staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice utilised a triage process to determine the priority of patients' treatment based on the severity of their condition. Some patients commented that they were kept waiting beyond their appointment time. The practice was aware of this and told us the situation had improved since they had introduced dedicated urgent slots. It was an ongoing issue and the practice manager told us they were monitoring this.

Patient feedback confirmed that the practice was providing a very good service that met their needs. The practice sent appointment reminders via text message alerts to all patients who had consented.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice appeared to recognise the needs of different groups in the planning of its services. The practice did not have audio loop systems or signs in Braille for patients who might have hearing or visual impairments respectively. However, the practice was able to communicate with these patients using various methods so that patients could still access the services.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

The practice had access to an interpreting service but we were told that they had never used it. The dentists and dental nurses spoke a variety of languages and we were told that they had not encountered any problems communicating with patients.

### Access to the service

The practice displayed its opening hours in the premises. Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine. Information was also available in the practice leaflet.

### Concerns & complaints

We saw evidence that complaints received by the practice had been recorded, analysed, investigated and learning had been identified. We found that complainants had been responded to in a timely manner. Any learning identified was cascaded personally to team members. One example of this was when the practice received a complaint regarding the telephone manner of the receptionist(s). Senior staff members acted on this and provided training to all relevant staff about telephone communication skills.

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Any formal or informal comments or concerns were passed on to the practice manager to ensure responses were made in a timely manner. Information for patients about how to make a complaint was available at the practice.

We also looked at entries made by patients on the NHS Choices website. The practice had not responded to these online but the practice manager told us they had a protocol whereby they contacted the patients directly to discuss any concerns. However, these were not documented and it was not always possible to identify patients as many had posted anonymous comments.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and infection control lead.

### Learning and improvement

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation, immediate life support and infection control. The practice manager kept a CPD log for all staff members and requested this from all staff members every January.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping, clinical waste audits and infection control. However, no action plans were documented and there was no evidence that learning points had been shared with all staff members.

Regular meetings were held where learning was disseminated. Staff meetings that consisted of the practice manager and dental nurses were held on a weekly basis. Larger practice meetings that involved all staff were held every six weeks. Meetings were always minuted - this is an important exercise as they serve as useful review documents for staff to reference at a later date. Also, any staff members that were absent on the day could subsequently update themselves

All staff members had annual appraisals where learning needs, concerns and aspirations could be discussed. The dental nurses had their appraisals with the practice manager. They also had six monthly reviews of their personal development plans. We saw examples of procedures that were in place to improve staff performance. The providers carried out annual appraisals of all the dentists and their documents were stored at the head office.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice. The practice had systems in place to involve, seek and act upon feedback from people using the service. This included a suggestions box for patients. The practice also undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care. Brief points from the previous FFT were summarised and displayed on the wall in the waiting area. The practice manager told us that comments from the FFT were also fed back to the dentists in board meetings. We saw evidence that the comments made by patients were analysed and actioned where possible. Examples included the provision of fans in the summer and a radio in the waiting area.

Staff we spoke with told us their views were sought and listened to but there were no dedicated staff satisfaction questionnaires.