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Oadby Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Oadby Dental Clinic is a dental practice providing private and NHS care for adults and children. Where private treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted residential property with patient facilities on the ground and first floor.

The practice has three dental treatment rooms; two on the ground floor and one on the first floor. There is also a reception and waiting area, X-ray room and decontamination room on the ground floor, a further waiting room on the first floor and other rooms in the practice used by the practice for office facilities and storage. The practice is open from 9.00am to 6.00pm from Monday to Friday and by appointment on Saturday mornings. The practice closes for lunch from 1.00pm to 2.00pm.

The practice has two full time dentists and one part time dentist who are able to provide general dental services including endodontic (root canal) treatment, implants and cosmetic dentistry. They are supported by one dental nurse, two full time and two part time trainee dental nurses, a receptionist and a practice manager/receptionist.

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

Summary of findings

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We received feedback from a total of 46 patients. All of the feedback was positive with patients describing the care they received as second to none and commenting that the staff are professional, welcoming, reassuring and helpful. Patients also commented favourably on the cleanliness of the practice.

Our key findings were:

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patient services were available on the ground floor of the building and were wheelchair accessible.
- Routine dental appointments were readily available, as were urgent on the day appointments and patients told us it was easy to get an appointment with the practice.
- Patients commented that they were highly satisfied with the care they received and commented on the helpfulness of the staff. They told us treatment options were explained to them and they were involved in decisions about their treatment.
- The practice did not have a clear system to identify, investigate and learn from significant events and there was a lack of staff awareness regarding the process.
- There was not an effective system to manage safety alerts but the provider told us they would review this following our inspection.
- National guidance was not always followed in respect of clinical record keeping and we found that rubber dams were not consistently used for root canal treatment.
- The practice was visibly clean and well maintained and we found that infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.
- The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception of glucagon that was not being stored appropriately but the provider rectified this during our inspection.
- Staff had received some training appropriate to their roles and were supported in their continued professional development (CPD). Further training had been arranged.
- Governance arrangements were in place for the smooth running of the service. However we found that protocols were not always followed and a number of policies required updating or introducing. While some risks had been assessed, not all had been assessed comprehensively, such as the risk assessment relating to fire. Some other risks had not been assessed such as the risks relating to sharps handling and substances hazardous to health.

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

- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review practice protocols in respect of the use of rubber dam for root canal treatment and the maintenance of dental care records regarding clinical examinations and record keeping giving regard to national guidance.
- Review its referral processes to ensure urgent referrals are followed up and monitored.
- Review governance arrangements to ensure all risks are assessed, monitored and mitigated.
- Review the practice's arrangements for receiving and responding to patient safety alerts.
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.

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.

The practice did not have a clear system to identify, investigate and learn from significant events and there was a lack of staff awareness regarding the process.

There was not an effective system to manage safety alerts but the provider told us they would review this following our inspection.

.There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that glucagon was stored in a fridge and its temperature was not monitored. This was addressed during our inspection.

While some risks had been assessed, not all had been assessed comprehensively, such as the risk assessment relating to fire. Some other risks had not been assessed such as the risks relating to sharps handling and substances hazardous to health. A fire risk assessment was undertaken following our inspection and actions taken to address the findings.

Use of X-rays on the premises was in line with the Regulations. However on the day of our inspection the evidence that annual mechanical and electrical tests had been done was not available.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Staff demonstrated a commitment to oral health promotion.

The staff had received some training and development appropriate to their roles and learning needs but there were some gaps and no system to monitor training needs.

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

No action



Summary of findings

The practice had a process in place to make referrals to other dental professionals when appropriate to do so. However the system did not include tracking referrals and urgent referrals for suspected cancer were sent by ordinary mail and not followed up by any other method.

Are services caring?

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

We received feedback from 46 patients. All of the feedback was positive with patients describing the care they received as second to none and commenting that the staff were professional, welcoming, reassuring and helpful.

Patients told us treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

No action



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 good facilities and was equipped to treat patients and meet their needs.

Routine dental appointments were available, as were urgent on the day appointments.

Information was available for patients in the practice's leaflet and on the practice's website.

The practice was in a converted building and patient services on the ground floor of the building were wheelchair accessible.

Information about how to complain was available to patients. No complaints had been received in the last six years.

The practice did not have access to translation services should they be required for patients who did not speak English but an arrangement for access was made following our inspection. Similarly a hearing loop was purchased following our inspection to support patients with a hearing impairment.

No action



Are services well-led?

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

There was an open culture and staff were well supported and able to raise any concerns.

Clinical audit was used as a tool to highlight areas where improvements could be made. However some audits did not have identified learning points.

Feedback was obtained from patients and acted upon to make changes to the service provided if appropriate.

No action



Summary of findings

Governance arrangements were in place but we found that some areas required reviewing, for example; the management of patient safety alerts; significant event reporting, fire safety arrangements, sharps handling procedures, monitoring staff training needs and ensuring dental care records are maintained appropriately giving due regard to guidance provided by the General Dental Council and Faculty of General Dental Practice.

There were policies and protocols available but some required updating and some protocols were not always followed.

Oadby Dental Clinic

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 30 January 2017. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the practice manager, two dentists (one of whom was the practice owner), a dental nurse, two trainee dental nurses and the receptionist.

To assess the quality of care provided we looked at practice policies and 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

Some staff we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Accident forms were available which aided staff to consider when a report would be necessary.

The practice did not have an effective system for reporting, investigating and learning from significant events and near misses. There was no policy available, a lack of understanding with some staff as to what a significant event was and no records of any significant events despite the fact that we discussed incidents which had occurred in the practice and which would have constituted a significant event. The provider told us they would review the system for dealing with significant events. Following our inspection we were sent a record of a significant event from 2013 which identified appropriate learning and had been discussed within the practice.

The practice did not have an effective system for dealing with safety alerts. There was no process for receiving national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. However the provider was able to give details of a recent alert but was unaware of its source. The provider told us they would review the system for dealing with safety alerts.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The dentists we spoke with showed an awareness of this and all staff told us they were encouraged to be open and honest if anything was to go wrong.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for safeguarding children and vulnerable adults. These were dated 2010 and indicated they were due for review in June 2017. They were out of date as they made reference to GDC guidance from 2005 which had been replaced by Standards for the Dental Team in 2013 and did not contain contact details for the local authority safeguarding team.

We saw evidence that the majority of staff had received safeguarding training to the appropriate level for their role.

We spoke with two of the dentists regarding the use of rubber dams. One of them told us they used them without exception when providing root canal treatment to patients, but the other dentist told us they used them on posterior teeth but not anterior teeth. This was not in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had an undated sharps injury policy and staff we spoke with described a comprehensive protocol for dealing with needle stick injuries. However we saw a report in the accident book relating to a needle stick injury in December 2016 which lacked detail in the account of actions taken.

The sharps injury policy stated that 'safer sharps' would be used wherever possible in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation. However we found that conventional syringes and matrix were being used and there had been no move towards using safer sharps and no risk assessment had been undertaken.

We found that full sharps bins were stored securely and signed and dated appropriately. However the practice were not aware of the requirement to replace the bins at least every three months.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their location and how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal

Are services safe?

heart rhythm. However we found that there were no syringes or needles available to administer the adrenalin held by the practice. The provider ordered these during our inspection.

There was a first aid kit available which was in date. There was an appointed first aider but none of the staff had received first aid training.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and safe to use should they be required. Records we saw showed that the emergency medicines and equipment were checked on a weekly basis. Additionally the oxygen cylinder was checked on a daily basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

We found that the glucagon which the practice held for emergencies was being stored in the refrigerator. However the temperature of the refrigerator was not being monitored to ensure a temperature of 2-8o was being maintained. Glucagon can be stored outside of a refrigerator but with a shortened expiry date of 18 months. During our inspection replacement glucagon was ordered and the provider told us they would shorten the expiry date and not store it in the refrigerator.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support in November 2015. This was now overdue but we saw that the training had been booked. The practice did not carry out emergency scenario simulations but told us that they planned to do this going forward.

Staff recruitment

The practice had an undated recruitment policy. We saw that the policy had been followed in the recruitment of the most recent member of staff. We reviewed four staff recruitment files and saw evidence that appropriate recruitment checks had been made, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of checks through the Disclosure and Barring Service (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Where some checks were not evident

the member of staff had been employed prior to the provider's registration with the Care Quality Commission. There was not a DBS certificate available for two members of staff but we saw that these had been applied for.

Monitoring health & safety and responding to risks

The practice had limited systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was accessible for all staff to reference in a folder. A health and safety audit had been carried out in November 2016 but there were no risk assessments relating to health and safety, for example in respect of sharps, clinical waste disposal, radiation or environmental hazards.

There was no fire policy available. A fire risk assessment had been carried out in October 2016 by the practice manager. However this was not comprehensive and not in line with The Regulatory Reform (Fire Safety) Order 2005. For example, there were no written fire procedures in place relating to the evacuation of the premises and no consideration had been given to the evacuation of patients with disabilities. The risk assessment had not identified the requirement for an Electrical Installation Condition report which is a report on the condition of electrical wiring with an overall assessment of the safety of the wiring and is required to be undertaken every five years. Similarly there was no gas safety record available.

Staff had not received fire safety training and there were no appointed fire marshals. We saw that a fire drill had last been undertaken in April 2016. There were no checks of fire safety equipment having been carried out at appropriate intervals, such as the emergency lighting, smoke alarms or fire extinguishers. Following our inspection the provider provided evidence that an external fire risk assessment had been undertaken and some of the identified actions had been implemented immediately and they were working with the contractor to address other required actions. They also provided a Gas Safety Record and an Electrical Installation Condition Report (EICR). They told us that actions identified in the EICR had been implemented.

There were some arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice with safety

Are services safe?

data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors. However there were no COSHH risk assessments available. We saw that the file was in the process of being updated.

There was a very comprehensive business continuity plan available for any incidents such as fire, loss of computer system or power failure. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency. A copy of the plan was accessible away from the practice by all members of staff.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an undated infection control policy which gave some guidance on areas which included the decontamination of instruments and equipment, waste disposal and environmental cleaning of the premises.

The practice did not have an annual infection prevention control statement in line with the Department of Health code of practice and the infection control lead was not aware of the requirement for this. They told us they would implement this following our inspection.

The decontamination process was performed in the dedicated decontamination room and we discussed the process with a trainee dental nurse.

Instruments were cleaned manually and inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental instruments).

Sterilised instruments were appropriately stored in lidded boxes in the clean area of the decontamination room for up to one week and used in rotation in line with HTM 01-05.

The dental nurse demonstrated that systems were in place to ensure that the two autoclaves used in the decontamination process were working effectively.

We saw that the required personal protective equipment was available for staff throughout the decontamination process. The majority of clinical staff wore full uniforms which were changed daily.

The segregation and storage of clinical waste was generally in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines, with the exception that the practice was not aware of the requirement for sharps bins to be replaced every three months. The practice used an approved contractor to remove clinical waste from the practice. We saw the appropriate waste consignment notices.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. However there was no protocol available in relation to this.

A legionella risk assessment had been undertaken in January 2017 but the report was not available on the day of our inspection.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the three dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. There was a full checklist being followed for setting up and shutting down the treatment rooms each day. We found there were some loose instruments stored in drawers which meant they could be subject to contamination. The provider told us these would be removed.

Hand washing facilities were available including liquid soap and paper towels. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use.

Environmental cleaning tasks were carried out by the dental nurses. We saw there were records of cleaning in line with the practice schedule and colour coded cleaning equipment was used in line with national guidelines.

Are services safe?

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We saw evidence that most equipment checks had been regularly carried out in line with the manufacturer's recommendations. Three of the practice's X-ray machines had been serviced as specified under current national regulations in September 2015 and October 2016. However one had been overlooked by the contractor and when we pointed it out the provider immediately arranged for it to be serviced and provided evidence that this had been carried out following our inspection. There was a contract in place for annual mechanical and electrical testing.

Portable appliance testing had been carried out every three years, having last been undertaken in 2015. The compressor had been serviced in September 2015. One of the autoclaves was new and therefore did not require servicing and the other had been serviced in January 2017.

Dentists used the British National Formulary and were aware of reporting any adverse reactions to medicines through the MHRA. We found that there was no system to track prescribing including antibiotics. This is a requirement of the provider under Criterion 3 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections which was updated in 2015.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice used three intra-oral X-ray machines which can take an image of one or a few teeth at a time. They also used an Orthopantomogram machine which can take a panoramic scanning dental X-ray of the upper and lower jaw. The practice displayed the 'local rules' of the X-ray machine in the room where each X ray machine was located.

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor. However the file was not fully populated as there were, for example, no lists of equipment or personnel qualified to use the equipment.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two of the dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice ((FGDP) guidelines including new guidance from the FGDP regarding record keeping.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines and tailored to each patient's needs. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and in most cases risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed. Following the clinical assessment records reflected a description of the options discussed including the risks and benefits and the outcomes.

We saw that the provider had identified the need for an improvement in some areas of record keeping and had started to implement changes to achieve this.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. Records we looked at showed that radiographs had been recorded including their justification and grading.

Health promotion & prevention

Dentists we spoke with were aware of and applying guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. A range of health promotion leaflets and information were available in the waiting room and we were told patients were also directed to the internet for information to enhance their understanding of different treatments and conditions.

Dentists told us they provided smoking and alcohol cessation advice to patients which was tailor made for individual patients but were not aware of local services available and therefore not able to signpost patients to them. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Staffing

The practice was staffed by two full time dentists and one part time dentist who were able to provide general dental services including endodontic (root canal) treatment, implants and cosmetic dentistry. They were supported by one dental nurse, two full time and two part time trainee dental nurses, a receptionist and a practice manager/receptionist.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date 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, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). There was no system to monitor the training needs of staff and consequently we found that some training was required or overdue. For example, emergency resuscitation and basic life support training was overdue. The provider had identified this as an area for improvement and had reviewed training needs and we saw that safeguarding training had recently been completed and a number of training courses had been booked for all staff, including resuscitation and infection control. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Records at the practice showed that not all staff had received annual appraisals. We did see evidence of an induction programme for new staff. We discussed this with the newest member of staff and they told us it had been effective and relevant to their role.

Are services effective?

(for example, treatment is effective)

Working with other services

The dentists and practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and orthodontic treatments, and minor oral surgery when the treatment required could not be provided in the practice. General referrals were made either by letter or a completed proforma. There was no system to track referrals. We found that referrals for suspected cancer were sent by ordinary mail and not followed up by another route. There was no service level agreement in place in respect of referrals made for Cone Beam CT (CBCT). This is an X-ray based imaging technique that provides fast and accurate visualisation of bony anatomical structures in three dimensions.

Consent to care and treatment

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 dentists were aware of the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required. We were told online training was planned in this area for staff.

We spoke with two of the dentists and found they had a clear understanding of consent issues and that they described how they explained and discussed different treatment options with patients, outlining the risks and benefits of treatments as well as the consequences of not carrying out treatment. This was documented in the sample of dental care records we reviewed. They were also given time to reconsider the chosen treatment plan. Leaflets were available in the practice relating to certain treatments which patients could take away to aid their decision making and they were also directed to the internet for further information.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We received feedback from 46 patients. All of the feedback was positive with patients describing the care they received as second to none and commenting that the staff were professional, welcoming, reassuring and helpful.

The confidentiality of patients' private information was maintained and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that private patients were given clear treatment plans which contained details of treatment options and the associated cost.

A price list for treatments was displayed in the waiting rooms and was also available in leaflet form and on the practice website.

Patients told us that they felt totally involved in decisions about treatment. They commented that they were well informed with plenty of time being taken to explain treatments to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs. Patients commented that the environment of the practice helped to put them at their ease.

We saw that the main practice waiting area displayed a range of information. This included a patient information leaflet and information about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on opening hours, emergency arrangements for both when the practice was open and when it was closed and patient confidentiality.

Patients commented positively about the availability of appointments and told us they were able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs.

Tackling inequity and promoting equality

The majority of services were on the ground floor of the premises and facilities were accessible to all patients, including those patients with limited mobility, as well as parents and carers using prams and pushchairs. There was also a wheelchair accessible toilet.

We found that the practice did not have access to a translation service to support patients whose first language was not English, should this be required. However a number of languages were spoken by a combination of the staff which aided communication. Following our inspection the provider told us that arrangements had been made to access a translation service. The practice did not have a hearing loop to assist patients with a hearing impairment. Again, following our inspection we saw evidence that one had been purchased.

Access to the service

The practice was open from 9.00am to 6.00pm from Monday to Friday and by appointment on Saturday mornings. The practice closed for lunch from 1.00pm to 2.00pm. The practice was situated in a suburb of Leicester. Some car parking was available with disabled car parking immediately outside the practice. The practice was also on a bus route.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised through the telephone answering service when the practice was closed. There was also information on the practice website about what to do in an emergency. However the contact number for the out of hours service was out of date and not in use. The provider told us they were in the process of updating the website.

The practice told us they would always arrange to see a patient on the same day if it was considered urgent. Comments from patients reflected this and described how caring, considerate and accommodating the practice had been in urgent cases.

The practice had a website and patients were able to access information or check opening times or treatment options on-line.

Concerns & complaints

The practice had an undated complaints policy. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy but this information was outdated.

Information about how to complain was displayed in the waiting room and in the practice leaflet but not on the practice website. The provider was designated as the person responsible for dealing with complaints in the practice.

We found there had been no complaints since 2011.

Are services well-led?

Our findings

Governance arrangements

Governance arrangements were in place but we found that some areas required reviewing, for example; the management of patient safety alerts; significant event reporting, fire safety arrangements, , sharps handling procedures, monitoring staff training needs and ensuring dental care records are maintained appropriately giving due regard to guidance provided by the General Dental Council and Faculty of General Dental Practice. The provider assured us that these issues would be addressed and procedures put in place to manage the risks. We have since been sent evidence to show that improvements have been implemented.

The practice had some policies and procedures to provide guidance to staff. The majority were undated, some did not contain up to date information and had not been reviewed regularly.

Leadership, openness and transparency

Leadership within the practice was provided by the practice owner with some support from the practice manager. Overall accountability for the practice was held by the practice owner who was the registered provider.

Staff told us they felt able to raise concerns within the practice and were listened to and supported if they did so. Staff we spoke with felt they were a cohesive team and worked well together.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of staff meetings approximately every two months which staff told us they were encouraged to participate in and could contribute if there was anything they wanted to discuss. The meetings were minuted but did not have a set agenda. The provider told us they already planned to make the meetings more frequent and expand the agenda for meetings to incorporate areas of governance.

Learning and improvement

There was a programme of clinical audits in place in order to monitor quality and to make improvements. We saw that

infection control audits had been carried out at six monthly intervals, the last one having been undertaken in December 2016. However there was no evidence of any analysis or resulting action plan.

We also saw that an audit of clinical record keeping for each dentist had taken place in September 2016. This had identified some lack of detail in and we saw there was an action plan in place to address this.

Audits of the quality and justification of radiography (X-rays) had been carried out for two out of the three dentists in January 2017. We also saw there was an audit relating to clinical waste.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

Staff development was by means of online training and attendance on external courses.

Not all staff had received appraisals, we saw evidence that three staff had received appraisals in the last 12 months and included personal development plans in order to identify staff learning needs.

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

We were told that patient feedback was discussed as a team and where possible changes implemented. The practice had gained feedback from patients by a number of methods. The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients.

A patient survey had been carried out in September 2016 which was very positive overall. The practice had acted on a suggestion that had arisen from the survey which related to the explanation of costs. Patients were also able to leave feedback online through the practice website.

The staff we spoke with told us they were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.