

Treetops (Midlands) Limited

# Treetops (Midlands) Limited

## Inspection Report

Treetops Dental Surgery

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### Overall summary

We carried out an announced comprehensive inspection on 14 April 2016 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 not providing well-led care in accordance with the relevant regulations.

# 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 had systems in place to ensure that patients were kept safe. These included systems for reporting and learning from incidents and staff were encouraged to raise concerns. However there was little evidence in records we looked at to confirm the discussions that had taken place to demonstrate shared learning. There was sufficient equipment to deal with medical emergencies and all emergency equipment was checked. All staff had received training in emergency resuscitation and basic life support. Cleaning schedules for the premises and infection prevention and control procedures were in place. Instruments were cleaned and sterilised effectively and staff wore personal protective equipment in line with recommended Department of Health guidance. Health and safety assessments related to the premises which included fire risk assessments and a legionella risk assessment had been carried out. We found that the legionella risk assessment had not been updated in line with the technical guidance provided by the Health and Safety Executive. Most equipment used at the practice was serviced and maintained, except for the Cone Beam CT. Radiation files were not complete and up to date to ensure that patients and staff were protected from the risk of harm. Staff files available were not ordered and did not confirm that safe recruitment practices had been followed at all times.

### **Are services effective?**

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

The practice could demonstrate they followed relevant guidance, including that issued by the National Institute for Health and Care Excellence (NICE). The practice maintained appropriate dental care records and details were updated appropriately. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. Staff understood the importance of working within relevant legislation when treating patients who may lack capacity to make decisions. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration. Staff files were available to confirm all staff had kept up to date with training and received annual appraisals to review their professional development.

### **Are services caring?**

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

Staff ensured patients were kept involved in the planning of their care and treatment. We collected 15 completed Care Quality Commission (CQC) patient comment cards. All the comments we received provided a positive view of the service the practice provided. Patients commented that the quality of care they received was very good. Patients commented that all the staff were helpful and caring and that all treatment options were explained to them.

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

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

Patients had good access to appointments, including urgency and emergency appointments when required. The practice provided patients with written information in a format they could understand and had access to telephone

# Summary of findings

interpreter services if needed. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice website and information leaflet provided details about opening times, appointment arrangements and emergency treatment when the practice was closed.

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

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

The practice had clinical governance and risk management structures in place but some of the clinical governance arrangements were not robust to demonstrate they were up to date and suitable for the protection of patients. For example monthly practice meetings were held but it was not clear from the notes made that issues related to governance arrangements were also discussed. There was little evidence in records we looked at to confirm the discussions that had taken place and that learning was identified and shared with staff.

We found that staff records did not confirm that appropriate recruitment checks had been undertaken. We found that not all the equipment used at the practice had been serviced in line with manufacturer's recommendations. We found that where audits identified that improvements to X-ray practices were needed that a robust action plan had not been developed for individual dentists.

The staff we spoke with described good leadership. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was a good place to work. We found that staff received appropriate professional development. The practice had arrangements in place to obtain the views of patients who used the service so that they could use these to make improvements.

# Treetops (Midlands) Limited

## Detailed findings

## Background to this inspection

### Background

Treetops (Midlands) Limited Dental Practice provides private and NHS treatment to adults and children. The practice is situated in a renovated property in Codsall, Wolverhampton. The practice has nine dental treatment rooms and two dedicated rooms for staff to complete the decontamination process of cleaning, sterilising and packing dental instruments. The practice is situated over two floors of the building and patient dental care and treatment is provided on both floors of the building. The reception and waiting area is located on the ground floor. There is level access to the ground floor of the building and these areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice is open Monday to Friday from 8.15am to 1pm and 2pm to 5.30pm. When the practice is closed details on who patients should contact for emergency out-of-hours services are available on the answerphone. There are five dentists who work permanently at the practice and three further dentists working on a part time basis in specialist roles. This includes for example, oral surgery and a dental implant specialist. The dentists are supported by the owner of the practice who is also a dental nurse and the practice manager. Clinical support is provided by two qualified dental nurses, five dental hygienists one of whom also works as a dental therapist, and a laboratory technician. The practice also provides training opportunities for dental nurse trainees and has three dental nurse trainees working at the practice.

The practice manager is also 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'. 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.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive. Patients said they received an excellent service from the practice; staff were courteous and friendly at all times. They said that all staff were welcoming and respectful towards them and that the dentists were professional in their approach and made sure they understood what their treatment involved.

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.

The inspection took place on 14 April 2016. It was led by a Care Quality Commission (CQC) inspector who was supported by a dental specialist advisor. Before visiting, we reviewed a range of information that we held about the practice. During the inspection, we spoke with the dentists, dental nurses, reception staff, spoke with patients who used the service and reviewed policies, procedures and other documents. We received 15 comment cards which were all positive. Patients said receptionists were helpful, caring and pleasant, staff were professional and that they received good care.

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?

# Detailed findings

- 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.

## **Our key findings were:**

- Staff reported incidents and kept records of these but there was little evidence in records we looked at to confirm the discussions that had taken place and that learning was identified and shared with all staff.
- Patients told us that their care and treatment was explained and they felt involved in decisions about their treatment and said they were made aware of the costs, benefits and risks involved in their treatment options.
- The appointments system met the needs of patients.
- The practice was well equipped to meet the needs of patients.
- The practice did not have robust systems in place for the maintenance and quality checking of all the equipment used at the practice.
- The practice had enough staff to deliver the service.
- Staff were well trained and knowledgeable about their individual roles.
- Robust staff recruitment procedures were not followed.
- Infection control procedures were in place.
- There was a clear leadership structure and staff felt supported by the management.
- The practice sought feedback from staff and patients about the services they provided.

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

Ensure systems or processes are established and operated effectively by:

- updating the legionella assessment to identify and mitigate the risk of legionella, giving due regard to guidelines issued by the Department of Health - Health

Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' the HSE Legionnaires' disease. Approved Code of Practice and guidance on regulations L8.

- Identifying and minimising the risk of unsafe operation of the Cone Beam CT located at the practice through appropriate maintenance and monitoring in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Identifying and minimising the risk to patients by ensuring necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Review the practice's processes for recording information to be shared with staff which also demonstrates learning and improvements made, giving due regard to current legislation and guidance.
- Review the treatment rooms to provide defined systems of zoning which clearly identify clean from dirty areas giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review protocols for the use of CCTV cameras at the practice so that policies are written to make patients, visitors and staff are aware of the purpose of the CCTV cameras.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from significant events. Significant events can be described as occurrences that can have a positive or negative outcome for patients. The practice had recorded four significant events over the past six years. All events had been investigated and where necessary procedures had been reviewed and changed to minimise the risk of reoccurrence. All the staff we spoke with knew the process for reporting significant events. The owner of the practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email. These were disseminated to the dentists and other clinical staff working at the practice. The alerts were followed up to ensure that they had been acted on if appropriate. Staff told us that significant events and alerts were discussed at staff meetings to facilitate shared learning. However there was little evidence in records we looked at to confirm the discussions that had taken place and learning identified.

We saw that when there had been unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again. A duty of candour was evident and encouraged through the significant event reporting process. 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.

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

One of the dentists was identified as the lead for safeguarding within the practice. Arrangements were in place to safeguard children and vulnerable adults from the risk of harm that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities

and all had received training relevant to their role. We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take. The practice reported that there had been no safeguarding incidents that required further investigation.

The practice had robust safety processes in place to minimise the risk of needle stick injuries to staff. Staff were knowledgeable and confident in describing the practice procedure for disposing of needles and instruments. Staff explained the procedures for the safe handling and disposal of sharps, sharps waste and equipment. These procedures protected staff against blood borne viruses. For example, the practice used a needle guard system to assist in recapping a used needle without using the hands. The systems and processes were in line with the current EU directive on the use of safer sharps. There had been no needle stick injuries reported over the past year.

We asked about the use of rubber dam in dental treatment. A dentist explained that both reusable and single use instruments were used as appropriate. They also explained that root canal treatment was carried out using a rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice followed guidelines about how to manage emergency medicines. The BNF is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Staff had checked the AED to ensure that it was working and readily available.



# Are services safe?

Emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar) were stored within a secure area of the practice. The medicine used to treat hypoglycaemia was not stored in a refrigerator, this was acceptable practice. However the practice had not reduced the shelf life of this medicine to comply with the manufacturer's instructions. This was changed at the time of our inspection and we noted that the medicine was within its expiry dates. Records we looked at showed that medicines were regularly checked which enabled staff to replace out of date medicines. We saw that all medicines were in date. Emergency equipment was also checked regularly. Staff we spoke with knew the location of the emergency equipment and how to use it. Training records showed that staff had received annual basic life support training.

## Staff recruitment

We looked at seven staff recruitment files. The files were all stored securely in a locked cabinet to protect the confidentiality of staff personal information. The staff files we looked at included the files for a dentist, the practice manager (registered manager), a dental hygienist, a dental nurse, two dental nurse trainees, and a dental technician. We saw that the files for the dentist, and practice manager contained the necessary employment checks in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The files for the dentist, qualified dental nurses and dental hygienist showed that they held current registration with the General Dental Council, the dental professionals' regulatory body. We found that there were gaps in some of the staff files we looked at. The files were not consistently ordered to clearly demonstrate and confirm that appropriate recruitment checks had been undertaken for all staff member prior to commencing employment at the practice.

We found that recent criminal records checks through the Disclosure and Barring Service (DBS) had not been completed for four members of staff. A DBS check had not been completed for a recently employed dental nurse trainee. Two staff files showed that the check had been completed by a previous employer. A further file contained a criminal records check that was dated 25/01/2011. The practice had updated this by developing a statement which the member of staff signed to declare that they had not committed a recent criminal offence. Risk assessments had not been carried out to demonstrate why a DBS check had

not been completed and there were details of the arrangements in place to mitigate any risk of harm. 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).

Other documents that were not included in some staff files included full employment histories and evidence of relevant qualifications and references. There was no information available to demonstrate that the practice had explored any gaps in employment. We also found that there was an absence of signed employment contracts with terms and conditions, confidentiality statements, job descriptions, start dates and hours of work. The content of the staff files were discussed with the practice manager and reception manager. The provider assured us that this would be addressed and commenced action to update the staff files at the time of the inspection.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained policies and risk assessments which included fire safety, general health and safety and all the equipment used at the practice. All staff had been trained in fire safety and the practice carried out regular testing of fire fighting equipment and fire drills.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with premises or staffing difficulties. The practice had up to date risk assessments in place for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. The risk assessments contained details of the way substances and materials used in dentistry should be handled and the precautions to be taken to prevent harm to patients and staff.

## Infection control

The practice had an infection control policy that was regularly reviewed to ensure that effective systems were in place to reduce the risk and spread of infection within the practice. We saw that the systems for processing contaminated instruments was meeting the requirements of the Department of Health – Health Technical

# Are services safe?

Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) (national guidance for infection prevention control in dental practices') essential quality requirements. The practice had ensured that the immunisation status of all staff had been checked this included determining their Hepatitis B status.

The practice had dedicated decontamination rooms for instrument processing. There was one room for processing dirty instruments and the other for clean instruments. The rooms were linked by a hatch on the inside and were also accessible separately from the outside. One of the dental nurses demonstrated the decontamination process from collection of the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. When instruments had been sterilised, they were pouched and stored until required. We noted that pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We saw that records were maintained to demonstrate that the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. We saw that staff wore appropriate protective equipment to protect themselves. These included a visor and heavy duty gloves.

We saw that the nine dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. We noted that zoning for clean and dirty areas in the treatment rooms were not clearly identified. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice. The drawers storing equipment in treatment rooms were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and aprons.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. This included how the working surfaces; dental unit and dental chair were decontaminated. Staff showed us the

processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a particular bacterium which can contaminate water systems in buildings. A full risk assessment for the management, testing and investigation of legionella had been completed at the practice in August 2012. This had not been updated in line with the technical guidance HSG274 provided by the Health and Safety Executive. We saw that general environmental cleaning was carried out by an external cleaner and they carried out cleaning according to a cleaning plan developed by the practice. Cleaning materials were stored appropriately in a suitably maintained storage facility.

We saw that the practice separated and stored clinical waste appropriately. We saw that sharps containers, clinical waste bags and non-clinical waste were properly maintained and was in accordance with current guidelines. Clinical waste was stored in a separate locked location within the practice prior to collection by the waste contractor. Patients could be assured that they were protected from the risk of infection from contaminated dental waste. Clinical waste audits had been completed to demonstrate that safe practises were maintained by staff. Waste consignment collection notes were available to confirm that the practice used an appropriate contractor to remove clinical waste safely from the practice.

## Equipment and medicines

We saw that portable appliance testing (PAT) had been carried out in April 2016. We saw that records of the calibration, testing, servicing and inspection of equipment such as autoclaves had been maintained. Staff were able to demonstrate the safe and effective use of instrument cleaning and sterilising machines. The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM 01-05.

Medicines used in dental procedures were stored in accordance with manufacturers' guidelines. All of the medicines we checked were in date, correctly stored and their use was recorded and audited. Blank prescription forms were stored securely and tracked to ensure they were securely maintained.

## Radiography (X-rays)

The practice had written procedures and carried out risk assessments to minimise the risk of harm from radiation to staff, visitors and patients. The practice had collated some



## Are services safe?

of the information required in a radiation protection file. The names of the Radiation Protection Advisor and the Radiation Protection Supervisor were identified in the file. However the radiation protection file lacked some information to demonstrate that the practice fully conformed with legislative requirements of the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). Information to confirm that the Health and Safety Executive had been notified that the practice planned to undertake ionising radiation activity was not available. The critical examination packs for X-ray sets were last tested in 2014 which were within the three year recommended guidance.

We found that the practice was not following all of the guidance on the safe use of the dental CBCT as prepared by the HPA Working Party (2010). The practice did not have a policy in place for this equipment detailing the roles of the dentists and the training they had received. Annual routine

testing and monthly quality assurance checks had not been carried out. We saw that a copy of the local rules included the details of the X-ray equipment at the practice but the rules had not been revised since the introduction of the dental CBCT. The provider assured us that this would be addressed and made arrangements at the time of the inspection for appropriate action to be taken.

Audits were undertaken at regular intervals to ensure that X-rays were clinically necessary. The audit also confirmed that when an X-ray had been taken that the quality of the image was acceptable and could be used in diagnosis and development of a treatment plan. This information was also documented in individual dental care records. We found that where audits identified that improvements to X-ray practices were needed that a robust action plan had not been developed for individual dentists. We saw that all staff had received training in operating safely in the X-ray area.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists who described to us how they carried out their assessment. We saw evidence that patients' medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the checks for signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient dental care record was updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To support this the practice employed dental hygienists and a dental therapist to work alongside the dentists in delivering preventative dental care. The dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) who were particularly vulnerable to dental decay.

Dental care records we observed demonstrated that dentists had given oral health advice to patients. Patients were given advice about tooth brushing techniques, diet, smoking and alcohol intake was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

### Staffing

There was enough staff to support the dentists during patients' treatments. There were five dentists working at the practice and three further dentists working on a part time basis in specialist roles. Clinical support is provided by qualified dental nurses, dental hygienists and a laboratory technician. The practice provided training opportunities for dental nurse trainees and had three dental nurse trainees working at the practice.

To support staff to meet their continuing professional development (CPD) requirements for registration with the GDC the practice closed for two days each year to provide a training programme to support staff professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. Staff were also encouraged to undertake training to extend their role in areas such as taking impressions and X-rays.

### Working with other services

The practice manager explained how they would work with other services. There was an effective internal referral system between the dentists and dental hygienists that worked within the practice. This was supported by good two way communication between the professionals. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and potential oral cancer. This ensured that patients were seen by the right person at the right time. We noted that the practice used a proactive referral tracking system to monitor referrals from the practice.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

We spoke to two dentists who were working on the day of our visit; they both had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Both dentists told us that they used varied methods of communication which included verbal, written and diagrams to ensure that patients understood their planned treatment options.

The dentists we spoke with explained and were able to share an example of how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the

implications of their treatment. Staff told us that if there was any doubt about their ability to understand or consent to treatment, then treatment would be postponed. Staff told us that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This was in line with the guidelines of the Mental Capacity Act 2005. Clinical staff were familiar with the concept of Gillick competence in respect of 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.

# Are services caring?

## Our findings

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

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms. This served to ensure that patient's privacy was protected. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in a separate lockable storage room and a separate lockable storage cupboard. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. A room was available for patients to discuss any concerns in private.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 15 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and that the staff were caring and put them at ease.

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

The practice provided clear treatment plans to their patients that detailed possible management options and costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The practice website and leaflets also gave details of the cost of treatment and entitlements under NHS regulations. The dentists we spoke with ensured that patients were involved in the development of their individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

On the day of our inspection we saw that the interaction between patients and staff was professional, respectful and patients received an assessment and treatment in a timely way.

The practice was equipped with appropriate equipment and technology to diagnose and treat patients. The practice offered patients a full range of preventative and cosmetic dental treatments. When needed the practice referred patients to other specialists. Patients were encouraged to have regular appointments with a hygienist. Children and their parents were invited to participate in dental health sessions to learn how to care for their teeth through diet and maintaining good oral hygiene.

The majority of patients seen by the practice were people of working age and older people who lived in the local community and surrounding area. Patients who were new to the practice were asked to complete a comprehensive medical and dental health questionnaire. This enabled the practice to gather important information about their previous dental and medical history. The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised dental care records.

The practice provided patients with information about the services they offered on their website and we saw patient information leaflets were available in the waiting room. We found the practice had an appointment system in place to respond to patients' who required urgent treatment. For example, patients in pain were offered an emergency appointment during normal working hours. The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

### Tackling inequity and promoting equality

The practice provided private dental treatment for adults and NHS treatments for patients who were under 18 years of age. The practice had made reasonable adjustments to help prevent inequity for all patients. Level access was provided for all patients into the entrance of the building access which also ensured the building was easily

accessible for patients with mobility difficulties and families with prams and pushchairs. The reception area, waiting rooms and treatment rooms were suitable and easily accessed by patients with mobility difficulties. We saw that patients who experienced problems with their mobility received their treatment in consulting rooms on the ground floor of the practice. The reception desk was positioned at a level that allowed easy accessibility for patients in wheel chairs so that they could easily book appointments and sign paperwork.

The majority of patients who used the practice spoke and understood English. Staff told us they had access to interpreters if needed. An induction loop was available to support patients who had difficulty with their hearing. There were adapted toilet facilities that were easily accessible to all patients. A child friendly area for children to play while they waited was provided at the practice. There was access to a selection of suitable books, toys and puzzles.

The practice had CCTV (Closed Circuit Television) cameras in place. We saw that posters were displayed in prominent places to make patients, staff and visitors were aware that CCTV cameras were in operation at the practice. However the practice did not have a policy to make patients, visitors and staff aware of why the cameras were in place and when and how the information collected would be used.

### Access to the service

The practice was open Monday to Friday from 8.15am to 1pm and 2pm to 5.30pm. When the practice was closed details on who patients should contact for emergency out of services were available on the answerphone.

### Concerns & complaints

The practice procedure for handling complaints contained clear guidance on the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. We looked at the practice procedure for acting on any complaints or concerns made by patients and found that the system in place supported a full investigation and a timely response. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice leaflet, on the practice website and in the waiting area. The practice had received four complaints regarding the service provided over the past

# Are services responsive to people's needs?

(for example, to feedback?)

year. The complaints policy and poster for patients included information on how to escalate their complaint to the ombudsman if they were not happy with the response they received from the practice.



# Are services well-led?

## Our findings

### Governance arrangements

We found that the practice had a governance framework to support the delivery of the practice's strategy for good quality care however in some areas it needed strengthening to ensure that it was robust.

The practice had systems in place for reporting and recording incidents and staff were encouraged to raise concerns. However there was little evidence in records we looked at to confirm the discussions that had taken place and that learning was identified and shared with staff. Monthly practice meetings were held but it was not clear from the notes made that issues related to governance arrangements were also discussed.

We found that there were gaps in some of the staff files we looked at. The files were not consistently ordered to clearly demonstrate and confirm that appropriate recruitment checks had been undertaken for all staff members prior to commencing employment at the practice. There was a staff recruitment policy which provided robust guidance for the appropriate recruitment of staff however the policy was not adhered to. For example we found that recent criminal records checks through the Disclosure and Barring Service (DBS) had not been completed for some staff. Risk assessments had not been completed to demonstrate why a DBS check had not been completed with details of the arrangements in place to mitigate any risk of harm. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We found that other necessary documents were not included in some staff files. These included for example evidence of the full employment histories and relevant qualifications and references for staff.

We found that most equipment had been serviced and maintained in line with manufacturer's instructions except for the dental Cone Beam CT (CBCT) which had not been inspected annually. The practice had completed a number of audits to identify issues where quality and safety may be compromised. However this did not include audits and quality assurance checks of the CBCT. We also found that where audits identified that improvements to X-ray

practices were needed that a robust action plan had not been developed for individual dentists. Records were also not available to confirm that dentists had received training related to the use of the CBCT.

All practice staff which included the dentist and qualified dental nurses were supported to address their professional development needs. There was a clear staffing structure and staff were aware of their roles and responsibilities. The practice had a number of policies and procedures to provide guidance to staff, these included COSHH, fire and Legionella. Staff we spoke with knew where to locate the policies and procedures. Although policies had been reviewed we found that the legionella risk assessment had not been updated in line with the technical guidance provided by the Health and Safety Executive.

### Leadership, openness and transparency

The staff described the practice culture as supportive, open and transparent. The dentists and the management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The dentists and the management team encouraged a culture of openness and honesty.

The practice manager told us about the arrangements for sharing information with staff. This included both informal discussions and formal practice staff meetings. Minutes of practice meetings were taken to assist in sharing information with members of staff who had been absent and to provide an audit trail of communication. We saw information in records that showed how staff were encouraged to be open about incidents and mistakes that had occurred. However minutes from meetings were not detailed to demonstrate discussions, learning and any actions to be taken. When there was unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology.

### Learning and improvement

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. For example, staff attended annual basic life support training.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). Staff working at the practice were supported to maintain their

## Are services well-led?

continuing professional development as required by the GDC. Training was completed through a variety of resources including the attendance at lectures and online courses. Staff told us that they felt supported to develop within the practice and were encouraged and given the time needed to undertake training which would increase their knowledge of their role. Staff told us that they were encouraged to attend training that would extend their role. To support this dental nurses were given lead roles at the practice. For example, one of the dental nurses was the lead for infection control. Staff had received recent one to one performance assessments and appraisals.

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

The practice encouraged and valued feedback from patients, staff and visitors. The practice had gathered feedback from patients through surveys and complaints

received. Patients had made positive comments related to the quality of services provided. These included access to the practice, the treatment and service they received, the practice environment and the attitude of staff. The practice also used the friends and family test to monitor the views of patients.

The practice had an open door policy. Staff were aware that they could raise concerns at any time. Feedback from staff was also gathered through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the owner of the practice. Staff confirmed that they had monthly meetings; the minutes of these were made available for staff that could not attend. Staff said the meetings provided the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p><b>Regulation 17 (1)</b></p> <p>The provider did not operate systems effectively to assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations:</p> <ul style="list-style-type: none"><li>• The provider had not updated the assessment to identify and mitigate the risk of legionella, giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' the HSE Legionnaires' disease. Approved Code of Practice and guidance on regulations L8.</li><li>• The provider had not identified and minimised the risks of unsafe operation of the Cone Beam CT located at the practice by way of appropriate maintenance and monitoring in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000</li><li>• The provider had not identified and minimised the risks to patients by ensuring necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held in line with Regulation 19 (Schedule 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li></ul>