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The Station Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 October 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 providing well-led care in accordance with the relevant regulations.

Background

The Station Dental Practice has three dentists who work full time, three qualified dental nurses who are registered with the General Dental Council (GDC), two trainee dental nurses, a practice manager and a receptionist. The practice's opening hours are 9am to 5.30pm on Monday to Friday.

The Station Dental Practice provides NHS and private dental treatment for adults and children. The practice has three dental treatment rooms on the ground floor. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception and waiting area.

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

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received feedback from 10 patients who provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

Our key findings were

Summary of findings

- Systems in place for the recording and learning from significant events and accidents were not robust.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- Rubber dam kits had recently been made available and although these had not been previously used by the dentist we were told that these would be used in the future.
- The practice was visibly clean and well maintained.
- The practice was not completing all pre-employment checks such as pre-employment medical questionnaires.
- Infection prevention and control audits had not been undertaken on a six monthly basis, the date of the last audit was February 2016. Following this inspection we were forwarded a copy of an audit completed on 26 October 2016.
- Not all issues identified in the practice's fire risk assessment had been addressed.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patient care records did not all record information regarding discussions held about treatment options and any risks of treatment. There were no leaflets available to provide information to patients about dental treatments or oral health.
- The practice did not have robust systems in place to monitor quality, at the time of inspection there had

been no X-ray audit or record card audit within the last 18 months. The practice was not completing patient satisfaction surveys apart from the NHS Friends and Family Test. The practice manager forwarded a copy of an X-ray audit following this inspection.

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

- Review the practice's safety systems to include the implementation of a robust system for the recording and reviewing of accidents or significant events and provide evidence of action taken to prevent further occurrences or ensure that improvements are made as a result.
- Review systems and processes in place at the practice to protect patients undergoing root canal treatment.
- Review the security of prescription pads in the practice.
- Review the recruitment procedures and protocols to ensure that all pre-employment information is obtained in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Review the practice's fire safety procedures and ensure that issues identified in the practice's fire risk assessment have been addressed.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for completion of clinical audit to include a review of the frequency of audits such as radiography, record card and infection prevention and control audits.

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.

Systems in place for recording significant events and accidents were not robust. There were no significant event records or policy and an event at the practice had not been recorded as a significant event. Accident records contained brief information with no recorded evidence of action taken or outcome.

Equipment in use at the practice had been serviced and validated in line with manufacturer's guidance.

Medicines for use in an emergency were available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF). Emergency medical equipment was also available and documentation was available to demonstrate that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Staff had received training in responding to a medical emergency.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control audits were not being undertaken on a six monthly basis in line with the recommendations of HTM 01-05. The practice manager forwarded a copy of an infection control audit completed the day following our inspection and we were given assurances that these audits would now be completed on a six monthly basis.

The practice had systems in place for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

No action



Are services effective?

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

The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

Staff were appropriately registered in their roles, and had access to ongoing training and support.

The practice used oral screening tools to identify oral disease. Patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained although patient care records that we were shown did not demonstrate this.

No action



Summary of findings

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. Feedback from patients was overwhelmingly positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

No action



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 treatment and urgent care when required. The practice had ground floor treatment rooms and a toilet which had been adapted to meet the needs of patients with a disability. Ramped access was provided into the building for patients with mobility difficulties and families with prams and pushchairs.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference.

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 effective management structure in place. Regular staff meetings were held and systems were in place to ensure all staff who were unable to attend the meeting received an update about topics of discussion. Staff said that they felt well supported and could raise any issues or concerns with the registered manager.

Annual appraisal meetings took place and staff said that they were encouraged to undertake training to maintain their professional development skills. However the practice did not have effective risk management structures in place. For example systems in place for recording and learning from significant events and accidents were not robust. The practice had not recorded one event to the Care Quality Commission or recorded this as a significant event.

The practice were not completing infection prevention and control audits on a six monthly basis and not all of the issues in the fire risk assessment had been addressed. The practice did not have robust systems in place to monitor quality; at the time of inspection there had been no X-ray audit or record card audit within the last 18 months. The practice was not completing patient satisfaction surveys apart from the NHS Friends and Family Test. The practice manager forwarded a copy of an X-ray and an infection control audit following this inspection.

No action



The Station Dental Practice

Detailed findings

Background to this inspection

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

This inspection took place on 25 October 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with five members of staff, including the principal dentist. We looked at the storage arrangements for emergency medicines and equipment and observed a decontamination process taking place.

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

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

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



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had limited systems in place for reporting and learning from significant incidents and accidents. Two sharps injuries were reported in an accident book, but examples we were shown lacked detail in regard to outcomes, action taken and any learning that could be fed back to prevent reoccurrence. We saw that the practice had two accident books, one of which had no accidents recorded. There had been two accidents reported within the last 12 months.

We discussed significant events with the practice manager and were told that there had been no events to report. However we noted that there had been a recent break in at the practice which was not recorded as a significant event and the practice had not informed the Care Quality Commission (CQC) of this incident. The practice has a statutory duty to inform CQC of any incidents reported to or investigated by the Police. The practice did not have a significant incident policy and there was no documentation available to record incidents, action taken, outcomes or to learning. During the inspection the practice manager developed a significant event log book.

All staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) and forms were available to enable staff to report incidents under RIDDOR regulations if necessary. We were told that there had been one incident which had been reported under RIDDOR regulations. We were shown the completed documentation. We also saw evidence to demonstrate the changes that had been implemented following this incident at the practice.

Systems in place to ensure that all staff members were kept up to date with any national patient safety and medicines alerts were not robust. The practice manager confirmed that they had signed up with an external agency who forwarded these alerts relating to dental practices. However the practice had not received copies of recent relevant alerts. During this inspection the practice manager signed up to receive these alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. We were told that relevant alerts would be discussed at practice meetings and a copy kept on file.

The practice did not have any information for staff regarding Duty of Candour and there was nothing on display for patients to review. Duty of Candour is a legislative requirement for providers of health and social care services to set out requirements that must be followed when things go wrong with care and treatment. For example informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. During the inspection the practice manager obtained information regarding Duty of Candour and included this on the agenda for the next practice meeting.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and safeguarding vulnerable adults which recorded a date of implementation of 30 May 2016 and an annual review date. Details of how to report suspected abuse to the local organisations responsible for investigation were available. The principal dentist had been identified as lead and all staff spoken with were aware that they should speak to this person for advice or to report suspicions of abuse. We were told that there had been no safeguarding issues to report.

We saw evidence that all staff had completed the appropriate level of safeguarding training in May 2016. The practice meeting minutes for March 2016 demonstrated that child protection and adult safeguarding were discussed.

Posters regarding child protection and adult safeguarding were on display in the reception area. These gave the contact details for the local authority responsible for investigation of incidents.

We spoke to staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping using a 'scoop' method, a recognised way of recapping a used needle using one hand. They were also responsible for disposing of the used needles into the appropriate sharps' bin. Staff



Are services safe?

we spoke with were able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked about the instruments which were used during root canal treatment. We were told that root canal treatment was not routinely 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). The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used. We were shown new rubber dam kits which had recently been purchased. We were told that these would be used in the future.

Medical emergencies

There were systems in place to manage medical emergencies at the practice. Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), was available.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available.

We saw that a log book was used to record details of weekly checks undertaken on equipment and medicines to ensure it was in good working order and available for use within its expiry date. However incorrect dates had been recorded for November 2016. This information was destroyed during the inspection.

Staff had all received annual training in basic life support in April 2016.

We saw that a first aid kit was available which contained equipment such as plasters and bandages for use in treating minor injuries. Weekly checks of the first aid kit were completed at the same time as the checks on emergency medicine and equipment.

The practice manager was the designated first aider and had completed update training in first aid on the date of this inspection.

Staff recruitment

The practice had a recruitment policy that described the process to follow when employing new staff. This policy included details of the pre-employment information to obtain and interview processes. Copies of standard documents were available to use during the recruitment process.

We discussed the recruitment of staff and looked at recruitment files in order to check that recruitment procedures had been followed. We saw that files contained pre-employment information such as references and registration with professional bodies. Recruitment files also contained other information such as contracts of employment and job descriptions.

The file of the most recently recruited staff member did not contain proof of identity or details of qualifications. However the practice manager told us that this information was available but we were not shown any evidence to confirm this. Staff had not completed a pre-employment medical questionnaire although we were shown evidence to demonstrate that health issues were discussed with staff post employment and support systems put in place as necessary.

We saw that disclosure and barring service checks (DBS) were in place for some staff at the practice and we were told that DBS checks had been requested for all other staff but the practice were awaiting return of this information. 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. A risk assessment had been completed for staff who had been employed prior to a satisfactory DBS check being undertaken. A copy of which was forwarded to us following this inspection.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that there were enough dental nurses to provide cover during times of annual leave or unexpected sick leave. A weekly duty rota detailed where dental nursing staff would be working. For example on reception or it recorded the name of the dentist they would be working with.

There was enough staff to support dentists during patient treatment. We were told that all dentists worked with a dental nurse.



Are services safe?

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies.

Numerous risk assessments had been completed. For example, we saw risk assessments for fire, radiation, sharps injury and a general practice risk assessment. We saw that the practice had developed a health and safety policy and a health and safety poster was on display in the practice manager's office.

We discussed fire safety with staff and asked to see the practice's fire safety risk assessment and associated documentation. The fire risk assessment was completed by an external agency on 29 September 2015 but we were told that a copy was not available on the premises. The practice manager requested a copy which was sent to her during the inspection. We saw that some of the issues for action identified had not been addressed. For example the risk assessment requested lighting to be in place in the stairwell from the first to the ground floor but this was not available. The risk assessment records that an annual review should be completed but we were not shown any evidence to demonstrate that this had taken place.

Records seen confirmed that fire safety equipment such as fire extinguishers and emergency lighting were subject to routine maintenance by external professionals with the last service recorded as October 2016. The practice kept records of monthly checks of emergency lighting and fire extinguishers.

Three fire drills had taken place during 2016 with the date of the last fire drill being 2 August 2016.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Details of all substances used at the practice which may pose a risk to health were recorded in a COSHH file and actions described to minimise their risk to patients, staff and visitors were recorded.

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 observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

A separate decontamination room was available for instrument processing. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination and these were clearly identified.

A dental nurse demonstrated the decontamination process and we found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). Systems were in place to ensure that instruments were safely transported between treatment rooms and the decontamination room in clearly labelled plastic boxes.

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Instruments were placed into an ultrasonic bath before a visual inspection was undertaken using an illuminated magnifying glass. Instruments were then sterilised in an autoclave. There was a clear flow of instruments through the dirty to the clean area.

Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines.

Staff wore personal protective equipment during the process to protect themselves from injury which included gloves, aprons and protective eye wear. Evidence was available to demonstrate that the heavy duty gloves worn during the process were changed every few days.

All the equipment used in the decontamination process had been regularly serviced and maintained in accordance with the manufacturer's instructions and records were available to demonstrate this equipment was functioning correctly. Records of daily test cycles undertaken on the autoclaves were available and foil tests had been completed. Log books were available regarding ultrasonic cleaners.

Dental nurses who worked at the practice were responsible for undertaking all environmental cleaning of clinical areas and an external cleaning company were responsible for all non-clinical areas. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and we saw that discussions had been held at a practice meeting regarding which colour of cleaning equipment was specific for use in each area. On the day of inspection we noted that mops were not being stored correctly. However, following the inspection we were informed that correct storage was now in place.



Are services safe?

There were hand washing facilities in each treatment room and in the decontamination room. Signs were in place to identify that these sinks were only for hand wash use. Posters describing hand washing techniques were on display above these sinks. Adequate supplies of liquid soaps and paper hand towels were available throughout the premises.

Staff uniforms ensured that staff member's arms were bare below the elbow. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers.

The practice had developed an infection control folder; all of the contents of this folder were reviewed on an annual basis with the last review taking place on 30 May 2016. This folder contained various infection prevention and control related policies, for example decontamination processes, infection prevention and control, sharps and blood spillage policy and hand hygiene.

A general infection prevention and control policy statement was on display in the decontamination room. This recorded that the practice manager was the lead for infection control and was responsible for ensuring infection prevention and control measures were followed.

An infection prevention and control audit was completed in February 2016. The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits every six months. Following this inspection we were forwarded a copy of a further infection prevention and control audit completed on 26 October 2016.

Records demonstrated that all staff had undertaken infection control training in February 2015. We also saw evidence that three staff had completed further training during 2016.

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.

There were no records to confirm that routine temperature monitoring checks were taking place. However the practice manager purchased a thermometer on the day of inspection and developed a log to record water temperatures to demonstrate compliance.

We discussed clinical waste with the practice manager; we looked at waste transfer notices and the storage area for clinical and municipal waste. We were told that clinical waste was collected every few weeks. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as X-ray sets and the autoclave. Records seen demonstrated the dates on which the equipment had recently been serviced. For example X-ray sets had a routine test on 19 October 2016, the autoclave was serviced on 24 October 2016 and compressors were last serviced on 19 October 2016.

All portable electrical appliances at the practice had received an annual portable appliance test (PAT) on 7 October 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We saw that one of the emergency medicines (Glucagon) was being stored in the fridge. Glucagon is used to treat diabetics with low blood sugar. There were no records to demonstrate that medicines were stored in the fridge at the required temperature of between two and eight degrees Celsius. However the practice manager purchased a thermometer for the fridge during the inspection and confirmed that daily fridge temperature checks would be completed with temperatures recorded.

Prescription pads were not securely stored, however a log of each prescription issued was kept. This recorded details of the date, prescription number and patient code. A log of the number of prescriptions used was also recorded at the end of each working day. We were told that prescription pads would be stored securely in future.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The registered manager told us that a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure equipment was operated safely and by qualified staff only. Local rules were available in each of the treatment rooms where X-ray machines were located for all staff to reference if needed.



Are services safe?

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety. The practice manager had also undertaken an IRMER training update on 19 October 2016.

Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years with the last routine test being undertaken on 19 October 2016. We saw that the X-rays sets did not have rectangular collimation. The National Radiological Protection Board Guidance notes for

dental practitioners on the safe use of X-ray equipment recommends that rectangular collimation be retro-fitted to existing equipment (where this is not already available) at the earliest opportunity.

Dental care records where X-rays had been taken showed that dental X-rays were justified, and reported on every time. However we were not shown any evidence to demonstrate that any X-ray audits had been completed within the last 18 months. Audits help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. Following this inspection we were forwarded a copy of an x-ray audit completed by the principal dentist.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and we saw patient care records to illustrate our discussions.

A medical history form was completed or reviewed at every examination appointment and staff confirmed that verbal confirmation was also received from patients. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

An examination of the patient's teeth, gums and soft tissues was then completed. During this assessment dentists looked for any signs of mouth cancer.

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 to indicate the level of examination needed and to provide basic guidance on treatment need).

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. However patient care records we were shown did not record details of conversations held with patients regarding treatment options and did not record that risk factors had been discussed with patients.

Discussions with the dentists showed they were aware of and referred to National Institute for Health and Care Excellence guidelines (NICE), particularly in respect of lower wisdom teeth removal and antibiotic prescribing.

NICE guidance was also used to determine recall intervals for patients. Each dentist took risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease.

The decision to take an X-ray was made according to clinical need and in line with recognised general professional guidelines.

Fluoride varnish was applied to the teeth of all children aged six to 18 and to adults with a high dental caries risk. High concentration fluoride was prescribed for adults as required and advice and guidance was given about dental hygiene procedures.

Health promotion & prevention

Medical history forms completed by patients included questions about smoking and alcohol consumption. Patients we spoke with told us that they were asked to review and update their medical history if necessary at each appointment.

Patients were given advice appropriate to their individual needs such as dietary, smoking cessation and alcohol consumption advice. Free samples of toothpaste were available in the reception and treatment rooms.

The dentist gave oral health advice and explained tooth brushing and interdental cleaning techniques. Details of discussions regarding improving oral health were recorded in patient dental care records. There were no health promotion leaflets and posters on display in the waiting room to support patients to look after their teeth.

Staffing

Practice staff included a principal dentist, two associate dentists, a practice manager, three qualified dental nurses, two trainee dental nurses and a receptionist. We were told that there were enough staff to ensure that the reception area was staffed at all times and chairside support was always provided by dental nurses to dentists.

We discussed staff training with the practice manager and with staff. Staff told us that they were encouraged to attend training courses and supported to develop their skills. Staff spoken with said that they received all necessary training to enable them to perform their job confidently. We saw that induction records were available and staff spoken with said that the induction process provided them with the information they needed.

Records showed professional registration with the GDC was up to date for all relevant staff. The practice manager confirmed that they monitored staff continuing professional development (CPD) to ensure staff met their CPD requirements. CPD is a compulsory requirement of registration as a general dental professional. Training was provided to staff via attendance at courses, in-house and



Are services effective?

(for example, treatment is effective)

on-line training. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding training.

Appraisal systems were in place. Staff said that these were held on an annual basis. We saw that personal development plans were available for staff.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients who required sedation, oral surgery or orthodontic services.

A referral log was set up for each patient, a copy of the referral letter was kept and patients were offered a copy.

Systems were in place to ensure referrals were received in a timely manner; referrals would be sent by fax, secure email and post.

We saw a template that was used in the treatment room to refer patients to hospital if they had a suspected oral cancer. These were comprehensive, and dentists followed Federation of General Dental Practice (FGDP) guidelines when making notes for these referrals.

Consent to care and treatment

Staff spoken with were not fully aware of the Mental Capacity Act 2005 (MCA) and best interest decisions. However, we were told that support would be obtained where patients were unable to give consent. There were no examples of patients where a mental capacity assessment or best interest decision had been needed.

The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The practice did not have a consent policy. There was no evidence in patient care records that we were shown that consent was obtained or that details of discussions regarding treatment options and risks were recorded. We were told that patients were given verbal information to support them to make decisions about treatment. A written treatment plan with estimated costs was produced for all patients to consider before starting treatment. Following this inspection we were forwarded a copy of a newly developed consent policy which had been implemented at the practice.



Are services caring?

Our findings

respect, dignity, compassion & empathy

We were told that privacy and confidentiality were maintained at all times for patients who used the service. The practice completed paper patient care records and these were stored in a lockable cabinet. Staff told us that they ensured that paper records were filed away when they had been completed. Staff discussed other methods used to maintain confidentiality such as asking patients to write down personal sensitive information and there was a room on the first floor of the practice where confidential discussions could be held. Policies were available regarding data protection and confidentiality and staff confirmed that they had easy access to these policies and that they were regularly discussed at practice meetings.

There was a sufficient number of staff to ensure that the reception desk was staffed at all times. Treatment rooms were situated off the waiting area. We saw that doors were closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy.

Music was played in the waiting area, this helped to distract anxious patients and also aided confidentiality as people in the waiting room would be less likely to be able to hear conversations held at the reception desk.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the

telephone and in the reception area. Patients provided positive feedback about the practice on comment cards which were completed prior to our inspection. Patients commented that staff were professional, friendly and caring.

Involvement in decisions about care and treatment

Staff told us and patients confirmed that clear treatment plans were given to patients which detailed possible treatment and costs. The dentist gave full explanations to patients explaining treatments and costs and patients confirmed that they felt involved in their treatment and it was fully explained to them although patient care records seen did not demonstrate this.

. There were no patient information leaflets available which could be used as a memory aid for patients regarding any treatments discussed. The principal dentist said that in future they would give patients the website details for NHS choices which also gave information regarding dental treatments. They would also consider developing dental information leaflets for patients.

We spoke with the registered manager about the Gillick competency test. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. The principal dentist did not demonstrate a good understanding of Gillick principles but confirmed that they would obtain advice regarding this if required.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided NHS treatment with private treatment upgrades available upon request. NHS treatment costs were clearly displayed in the waiting area and private costs were available upon request and would be discussed with patients before agreement was reached to provide any private treatment.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. There were vacant appointment slots to accommodate urgent appointments. Staff told us that patients were usually able to get an appointment on the day that they telephoned and were always able to get an appointment if they were in dental pain. Feedback confirmed that patients were rarely kept waiting beyond their appointment time.

Tackling inequity and promoting equality

This practice was suitable for wheelchair users, having ground floor treatment rooms with ramped access to the front of the building, and a toilet suitable to meet the needs of people with restricted mobility. There was a hearing induction loop for use by people, specifically those wearing a hearing aid.

We asked about communication with patients for whom English was not a first language. We were told that a translation service was available for use if required. A dental nurse told us that the contact details for the translation service were available on reception. A note was recorded on patient records where a translation service was required so that this could be organised in advance of the patient's appointment. We saw that translation services had been discussed at a staff meeting during 2016.

The practice manager confirmed that although the practice had not undertaken a disability access audit, they had reviewed the equality act and took action such as a portable ramp to gain access to the building, the

introduction of a hearing loop and a ground floor disabled access toilet. The practice had policies on and equal opportunities to support staff in understanding and meeting the needs of patients.

Access to the service

The practice was open from 9am to 5.30pm Monday to Friday. A telephone answering machine gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays.

Patients were able to make appointments over the telephone or in person. Staff we spoke with told us that patients could access appointments when they wanted them. One patient we spoke with said that they were able to choose which dentist they wanted to see and were usually able to get an appointment at a time that suited them.

Emergency appointments were set aside for each dentist every day; this ensured that patients in pain could be seen in a timely manner. We were told that these patients would always be seen within 24 hours of calling the practice. Patients commented that they were able to see a dentist easily in an emergency.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. The policy also recorded contact details such as NHS England and the General Dental Council. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. We were told that one complaint had been received at the practice within the last 12 months and we saw records to confirm that this was being dealt with in line with the practice's complaints policy.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on display in the waiting area, the practice leaflet also gave patients information on how to make a complaint.

Staff spoken with were knowledgeable about how to handle a complaint. Staff told us that any complaints received would be sent to the practice manager.



Are services well-led?

Our findings

Governance arrangements

The principal dentist and practice manager were in charge of the day to day running of the service. Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice such as complaints management, safeguarding and infection control.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. These included health and safety, complaints,

safeguarding and infection control policies. We saw that some of these policies had been discussed with staff during practice meetings. Risk assessments were in place to mitigate risks to staff, patients and visitors to the practice. These included risk assessments for fire, sharps, radiography and a general practice risk assessment. We were not shown any documentary evidence to demonstrate that all issues identified during the fire risk assessment had been acted upon. We discussed this with the principal dentist and we were told that not all issues had been addressed as the risk assessment was not previously available on the premises.

Not all of the accident records we were shown recorded detailed information regarding outcomes or action taken. We discussed significant events with the practice manager and identified that an event that occurred at the practice had not been recorded as a significant event. The practice did not have a significant event policy and there were no log sheets. The practice manager developed a significant event log during this inspection.

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

Leadership, openness and transparency

The culture of the practice was open and supportive. Staff told us that they worked well as a team, provided support for each other and were praised by the management team for a job well done. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff were aware of who held lead roles within

the practice such as complaints management, safeguarding and infection control. Staff said that there was always a dentist or the practice manager available to provide advice and support.

The practice did not have any information for staff regarding duty of candour. During the inspection the practice manager printed off information for staff and recorded duty of candour as an agenda item on the next practice meeting. Staff spoken with said that they would pass any complaints on to the practice manager who would communicate with the complainant.

Staff told us that the principal dentist and practice manager were approachable and helpful. They said that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately.

Learning and improvement

The practice did not have a structured plan in place to audit quality and safety. We were shown one infection control audit which was completed in February 2016. This recorded that it was to be reviewed within three months. There was no evidence that this had been completed. We were told this audit paperwork was only recently introduced and prior to this other systems were in place. We were not shown documentary evidence to demonstrate that infection prevention and control audits were completed on a six monthly basis in accordance with HTM 01(05) guidance. However following this inspection we were forwarded a copy of an infection control audit completed on 26 October 2016 and given assurance that these audits would now be completed on a six monthly basis.

We asked to see copies of other audits such as record card and radiography but were told that these had not been completed within the last 18 months. We were not shown copies of any other audits completed at the practice. Following this inspection we were forwarded a copy of an X-ray audit completed by the principal dentist.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The practice manager monitored to ensure staff were up to date with their CPD requirements and staff said that support was provided to enable them to complete training required. Annual appraisal meetings were held and personal



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development plans available for all staff. Staff confirmed that they were encouraged and supported to undertake training. However during conversations it was identified that not all staff were aware of Gillick principles or the Mental Capacity Act.

Monthly staff meetings were held where learning was disseminated, for example, on safeguarding. We were told that following the meeting staff completed on-line training regarding the topic that had been discussed. A copy of the minutes of meetings was given to each member of staff at the practice. Staff said that during these meetings they were kept up to date with any changes at the practice and felt that they were well informed. We were told that if a staff member was unable to attend the meeting they were able to raise agenda items and topics for discussion and feedback was always given to them following the meeting.

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

Patients had various avenues available to them to provide feedback, for example; a suggestions box, comments book

and the friends and family test (FFT) box in the waiting room. The friends and family test is a national programme to allow patients to provide feedback on the services provided. We looked at the FFT results for 2016. As at the date of inspection the practice had received 25 FFT responses all of which were extremely positive.

The practice manager told us that since the introduction of the FFT the practice had not carried out their own satisfaction survey as patients were loath to complete too many questionnaires. We were told that the practice did not receive many comments in the comments book or suggestions box. Any that were received either negative or positive would be discussed at a practice meeting.

Staff said that they would speak with the practice manager or one of the dentists if they had any issues they wanted to discuss. We were told that the management team were open and approachable and always available to provide advice and guidance.