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Kedleston Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kedleston Dental Care is located in premises situated to the north west of Derby city centre. There are four treatment rooms two of which are situated on the ground floor. The practice provides mostly private dental treatments (98%). There is a street parking for cars within the area and the practice is situated on a bus route with a bus stop outside the practice.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday: 9 am to 5:30 pm and Tuesday to Friday: 9 am to 5 pm. to 2 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates in Derby through the 111 telephone number. An emergency rota for dental practices in Derby operates 9 am to 5 pm to cover training, holidays and sickness. This is in the process of being expanded into a 24 hour 7 day service.

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

Summary of findings

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

The practice is registered with the CQC as a partnership.

The practice has five dentists; two hygienists; four qualified dental nurses; one trainee dental nurse; one receptionist; and one practice manager.

Before the inspection we sent CQC 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 responses from 33 patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services the practice provides. Among the themes we identified from patient feedback were that the reception staff were friendly, confidentiality was respected, appointments were convenient, dentists were caring and explained what was happening and the options for treatment and that the premises were clean and well equipped. Several patients said they had been coming to the practice for many years and were very satisfied.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.
- The practice had a consent policy including reference to the Mental Capacity Act 2005.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- There was limited oral health promotion information for patients in the waiting rooms.
- Dental care records demonstrated that the dentists involved patients in discussions about treatment options.
- Patients' confidentiality was protected within the practice and steps had been taken to improve security.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments. However, an issue with one of the ultrasonic cleaners was highlighted during the inspection. The practice moved swiftly to address the issue.
- Flooring within the clinical areas was not as recommended by the guidance. Following the inspection we were informed arrangements had been to replace the flooring within an acceptably short time frame.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

Review the number and range of health promotion information leaflets and posters available for patients.

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 systems for recording accidents, incidents and complaints were robust.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

Flooring within the clinical areas was not as recommended by the guidance. Following the inspection we were informed arrangements had been to replace the flooring.

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Discussions about treatment options were recorded in dental care records.

All staff were supported to meet the requirements of the General Dental Council (GDC) in relation to their continuing professional development (CPD). Core training in topics such as radiography (X-rays), safeguarding and basic life support were in date.

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

There was a consent policy which made reference to the Mental Capacity Act 2005.

No action



Summary of findings

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

Are services caring?

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

Patient confidentiality was maintained and newly introduced electronic dental care records were password protected. The security of paper records had been improved.

Feedback from patients identified staff were approachable, professional, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions and the practice encouraged patients to do so.

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 who were in pain or in need of urgent treatment could usually get an appointment the same day. There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays

Patient areas including treatment rooms were located on the ground and first floors. Ground floor treatment rooms allowed easy access for patients with restricted mobility. The practice had an induction hearing loop to assist patients who used a hearing aid.

Interpreters were readily available for patients who could not speak English.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns. Staff said they felt well supported and there were systems for peer review and clinical discussion.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. The practice was able to demonstrate that learning and improvements had resulted from the audit process.

Policies and procedures were reviewed annually.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

No action



Kedleston Dental Care

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 9 February 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from 33 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. The last recorded accident had been in March 2016 when a staff member accidentally bumped their head on an X-ray machine. The staff member did not require any first aid and there were no learning points identified.

The practice had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these reports.

The records identified there had been no significant events in the twelve months leading up to this inspection. There was a system and forms in the practice for recording any significant events and recording learning points.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice received these via post and e mail with the most recent related to an issue with a batch of medicine called glucagon which formed part of the emergency medicines at the practice.

The practice had a Duty of Candour policy which had been reviewed in December 2016. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Discussions with the principal dentist identified there had been no examples of the policy needing to be put into action. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children which had both been reviewed in January 2017. The policies identified how to respond to and escalate any safeguarding concerns. The relevant

contact telephone numbers and flow chart for protection agencies were available for staff both within the policy and in each treatment room. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice.

The practice manager was the identified lead for safeguarding in the practice. The principal dentist was the back-up when the practice manager was not available. They had received training in child protection and safeguarding vulnerable adults to level two in September 2016. We saw evidence that all staff had completed safeguarding training to level two during 2016 and 2017.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy formed part of the overall health and safety policy. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 10 July 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a risk assessment for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only dentists' handles needles and needles were not re-sheathed. There were devices to allow this to be completed safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located where they were accessible to dentists but not to patients. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Sharps bins were signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care'

Are services safe?

advise – sharps boxes should be replaced every three months even if not full. The fact that the boxes were signed and dated allowed staff to identify when the three month expiry date had been reached.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dams, the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of rubber dam kits available.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and medical oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located in the staff room. We saw evidence the contents were being checked regularly. We saw certificates demonstrating two members of staff had completed first aid at work courses. The certificates identified all of the training was in date at the time of the inspection. There was a poster in reception to inform patients and staff of the first aid arrangements.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly.

All staff at the practice had completed basic life support and resuscitation training in February 2017. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the practice included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. Staff at the practice were involved in medical emergency scenario training with a midyear refresher available for all staff.

Staff recruitment

We looked at the staff recruitment files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). 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 saw that every member of staff had received a DBS check. Practice policy was that DBS checks were renewed every five years. We discussed the records that should be held in the recruitment files with the practice manager.

Monitoring health & safety and responding to risks

The practice had a risk based approach to health and safety with a comprehensive health and safety policy. The policy had been reviewed in December 2016 and identified the principal dentist as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them.

Are services safe?

Records showed that fire extinguishers had been serviced in October 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in December 2016. We saw there was a manual fire alarm system installed with battery operated smoke alarms throughout the practice. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill six monthly with the last one completed on 26 January 2017. Certificates showed staff had completed fire training during 2016.

The practice had a health and safety law poster on display in the staff area on the top floor of the practice. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

A Business Continuity Plan was available in the practice and a copy was held off site. This had last been reviewed and updated in December 2016. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in December 2016. A copy was available to staff in the decontamination room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. The practice manager was the lead for infection control at the practice.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed in December 2016 and scored 99% an action plan was not required.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice had latex free gloves available to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had three ultrasonic cleaners which were used to clean dental instruments. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a solvent solution. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had three autoclaves which were designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was being checked however, one ultrasonic cleaner did not appear to be functioning correctly. Following the inspection we were sent evidence this

Are services safe?

ultrasonic cleaner had been removed from use and it was being checked to ensure it was working correctly. In addition the protocol for checking the ultrasonic cleaner (foil strip tests) had been reviewed after the inspection.

We saw that the flooring in the treatment rooms and decontamination room were not compliant with the guidance HTM 01-05. There was partial carpeting in the treatment rooms and some damage where flooring curved up the wall. This was partially due to the age of the flooring and curvature. Following the inspection we were sent evidence that the flooring was being replaced in all clinical areas with the work scheduled to begin on 1 March 2017.

The practice had a policy for dealing with blood borne viruses which had been reviewed in December 2016 this included a flow chart for staff to understand the necessary actions to be taken to reduce the risk. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor in December 2014 and had been reviewed in December 2016. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance. Recommendations identified within the assessment included staff training and completing quarterly dip slides. We saw documentary evidence to identify that staff had been trained and quarterly dip slides had been completed. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in December 2016. The gas supply at the practice had been

checked and the practice had a landlord's gas safety certificate dated 27 January 2017. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in January 2017. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in August 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The practice kept a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. Prescription pads were not pre-stamped which added to their security and the stamp was held securely.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had five intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). An extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull had been purchased but not installed at the time of this inspection.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Are services safe?

The practice had critical examination documentation for the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in September 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed in December 2015 when the ownership of the practice changed.

All five X-ray machines were fitted with rectangular collimation therefore the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7) were being followed. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected.

The practice was in the process of changing over to digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff. The principal dentist said the process of changing over would be completed by the end of February 2017.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Training certificates in the practice identified that all staff involved in the taking of X-rays were up to date with the necessary Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (IRMER).

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice was in the process of changing from paper records to electronic dental care records for each patient. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

New patients at the practice completed a medical history form on an electronic tablet. Returning patients updated their information which was sent from the tablet to the treatment room electronically and was reviewed with the dentist. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

Patients were also asked to complete an oral health questionnaire which gave the dentist information about any concerns the patients might have about their smile or halitosis (bad breath) for example. The questionnaire also gave patients the opportunity to identify any pain or discomfort they might be experiencing.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. However, we saw that pocket charting (part of the BPE process) was not always recorded in the patient dental care records. Following the inspection the principal dentist carried out an audit of dentists' record keeping relating to periodontal examinations (related to the gums). An updated protocol was produced giving clear instructions to dentists regarding examinations and recording in relation to this type of assessment.

We saw the dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had two waiting rooms for patients, one on the ground and one on the first floor. There were some leaflets and posters to demonstrate good oral hygiene techniques and highlight the risks to oral health although these were few in number. There were free samples of toothpaste for patients available in the practice.

Dentists used intraoral cameras with cavity detection software to help explain treatment plans and identify areas in patients' mouths that were at risk of decay.

Children seen at the practice were offered fluoride varnish application and fissure sealants. This was also identified on the practice website as a preventative dental treatment for children. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The practice website identified the link between smoking and oral cancer and signposted patients to www.gosmokefree.nhs.uk. The dental care records contained an oral cancer risk assessment. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded. The practice website also had a link to the mouth cancer foundation who provided information and support to patients with oral cancer and their families.

We noted that with regard to smoking cessation other local agencies including the NHS offering this service were identified in the practice. The NICE guidelines: Oral health promotion: general dental practice (NG30) identified that patients should be directed to community smoking cessation services.

Staffing

The practice had five dentists; two hygienists; four qualified dental nurses; one trainee dental nurse; one receptionist;

Are services effective?

(for example, treatment is effective)

and one practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

The practice manager had a system on the computer for checking that staff registered with the GDC were up to date with their registration. In addition clinical staff who were required to have indemnity insurance had provided evidence their insurance cover was up to date.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Training records for clinical staff were clear and we saw copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had received a six monthly appraisal. This was completed with the principal dentist. The appraisal system included a personal development plan which the individual had produced before the appraisal. We saw evidence of new members of staff having an in-depth induction programme with the practice manager mentoring the new staff.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services for minor oral surgery.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service.

Children or patients with special needs who required more specialist dental care were referred to the community

dental service. The practice also made referrals for NHS orthodontic treatment (where badly positioned teeth are repositioned to give a better appearance and improved function)

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for difficult wisdom tooth removal and other more complicated minor oral surgery. For patients with suspicious lesions (suspected cancer) referrals were sent through to the hospital. We saw this was within the two week window for urgent referrals.

The practice also made internal referrals for patients who were seeing the hygienist.

Consent to care and treatment

The practice had a patient consent policy which had been reviewed in December 2016. The policy referenced the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Discussions with the practice manager showed an understanding on the MCA and how it might apply to dentistry.

The consent policy identified how consent would be gathered and recorded within the practice. There was a specific form to record both consent and provide a treatment plan. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

We saw how consent was recorded in the patients' dental care records. Dentists had identified the different treatment options and recorded these had been discussed with the patients. This led the patients concerned to make informed choices about their treatment and give valid consent.

We talked with dental staff about their awareness of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. We saw that staff had an understanding of Gillick competency. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were professional, polite, and had a welcoming manner. We saw that staff spoke with patients at the reception desk with dignity and respect.

The reception desk was located next to the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it was necessary to discuss a confidential matter, there were areas of the practice where this could happen such as an unused treatment room or the practice manager's office.

We saw that some paper files were not stored securely in that they were in an open area of the practice and not kept under lock and key. We discussed this with the principal dentist and arrangements were made to move the records to a more secure location within the practice.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were held securely and password protected. Patients told us they had no concerns about confidentiality and they were confident this was protected within the practice.

Involvement in decisions about care and treatment

We received positive feedback from 33 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking with patients in the practice during the inspection.

The practice offered mostly private dental treatments (98%). NHS treatment was only offered to children and students. The costs of both private and NHS private treatments were clearly displayed in the waiting rooms. If patients were receiving treatment they were given a treatment plan which included the costs. The costs of private dental treatment were also displayed on the practice website.

We spoke with dentists about how patients had their diagnosis and dental treatment discussed with them. Some dentists but not all demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The patient areas of the practice were located on both the ground and first floors of the premises. There was street parking close to the dental practice.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. The practice made specific appointment slots available for patients who were in pain or required emergency treatment.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The appointment book also identified where patients were being seen in an emergency.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which made reference to the Equality Act (2010) and gave staff guidance on treating patients without prejudice or discrimination.

There were four treatment rooms two of which was situated on the ground floor. Both ground floor treatment rooms were accessible for wheelchair users. This allowed patients with restricted mobility easy access to treatment at the practice. There was a ramped access to the front door of the practice.

There was a lower section of the reception desk which meant patients who were using a wheelchair could speak with the receptionist and were able to make eye contact.

An access audit in line with the Equality Act (2010) had been completed and had been reviewed in December 2016.

The practice had two first floor toilets for patients to use. In addition there was one ground floor toilet. Due to the constraints of the building none of the toilets were compliant with the Equality Act (2010). There were other dental practices in the local area owned by the same

provider. Two of these practices were fully accessible and compliant with the Equality Act. If patients experienced access difficulties at Kedleston Dental Care they would be referred to either of the other practices for treatment.

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice used a recognised company to provide interpreter services for patients who could not speak English. British sign language interpreters were also available and used by the practice when needed.

Access to the service

The practice's opening hours were – Monday: 9 am to 5:30 pm; Tuesday to Friday: 9 am to 5 pm.

The practice had a website: www.kedlestondental.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operated in Derby through the 111 telephone number. An emergency rota for dental practices in Derby operated 9 am to 5 pm to cover training, holidays and sickness. This was in the process of being expanded into a 24 hour 7 day service.

The practice had plans to operate a text message reminder service for patients who had appointments with the dentist. This had not been set up at the time of this inspection but would be introduced as part of the upgraded computer system with the provider anticipating this to be introduced by April 2017.

Concerns & complaints

The practice had a complaints policy which explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the complaints policy.

Information about how to complain was displayed in the patient information file in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

The practice website had a feedback form which gave patients the opportunity to comment on their visit to the practice. The form also indicated this could be used to make complaints. However, there was no complaints policy on the website, and patients were not signposted to other agencies.

From information sent to CQC before the inspection we saw that there had been no formal complaints received in the 12 months prior to our inspection. The last recorded complaint in the practice was dated October 2013. Documentation showed the complaints had been handled appropriately and an apology and an explanation had been given to the patient when required.

Are services well-led?

Our findings

We saw a number of policies and procedures at the practice these had been reviewed at various times in the twelve months up to this inspection.

There were systems in place to monitor the various processes taking place at the practice. These included regular auditing, staff meetings and checking that equipment was working correctly.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the principal dentist or the practice manager. We spoke with three members of staff who said they liked working at the practice.

Leadership, openness and transparency

We saw that full staff meetings at this practice were scheduled throughout the year. Staff meetings were minuted and minutes were available to all staff. We spoke with staff members who said they were able to raise issues at staff meetings and felt fully involved.

Discussions with staff identified they felt valued had a good understanding of how the practice worked, including a knowledge and understanding of policies and procedures.

The practice had a policy relating to the duty of candour which directed staff to be open and to offer apologies when things had gone wrong. Discussions with staff showed they understood the principles behind the duty of candour. There had been no examples where the duty of candour policy had been used.

The practice had a whistleblowing policy which had been reviewed in December 2016. The policy identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular infection control audits with action plans having been produced to address issues highlighted during the audits when necessary. We saw that regular audits of radiography

(X-rays) were completed. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records. The audit had highlighted some issues and there were steps being taken within the practice to address those issues.

The practice had a trainee dental nurse who was enrolled on a course with the local Derby college. The trainee dental nurse attended college one day per month, and a college tutor visited the practice to complete work based assessments.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England.

There was one patient review recorded on the NHS Choices website. This was a positive review dated June 2013. The latest information on the NHS Choices website showed seven patients responded and 100% said they would recommend the dentist to family and friends. The low numbers reflected the fact that most patients at the practice were private and therefore did not use the NHS FFT or NHS Choices to record their feedback.

The practice carried out its own survey on an occasional basis. The most recent survey had been completed in August 2014. Responses had been analysed and we saw that the practice had responded to action points raised from the survey.