

Rodericks Dental Limited

# The Smile Centre Dental Practice

## Inspection Report

5, Victoria Embankment  
Nottingham  
NG2 2JY

Tel: 0115 9864741

Website: [www.smilecentredental.co.uk](http://www.smilecentredental.co.uk)

Date of inspection visit: 3 October 2016

Date of publication: 01/11/2016

### Overall summary

We carried out an announced comprehensive inspection on 3 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 practice is located on two floors of premises situated on the Victoria Embankment to the south of Trent Bridge in Nottingham. The practice provides mostly NHS dental treatments (60%). There is metered road side parking close to the dental practice. There are 5 treatment rooms three of which are located on the ground floor.

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 has an NHS contract to see patients who are not registered with a dentist who require emergency treatment.

The practice's opening hours are – Monday to Friday: 9 am to 5:30 pm The practice is closed at weekends.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

The practice manager is 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 Care Quality Commission (CQC) as an organisation.

The practice has three dentists; two oral surgeons; two dental therapists; six qualified dental nurses; two trainee nurses; one decontamination operative; and one practice manager. Some dental nurses also worked on the reception desk.

We received positive feedback from 11 patients about the services provided. This was by speaking with patients and through comment cards left at the practice prior to the inspection.

## Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- 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; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- 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.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- 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 practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- 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, assessments and record keeping.
- Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and consider installing a hearing induction loop at the premises. This would assist patients who used a hearing aid to hear whilst in the practice.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice was visibly clean.

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.

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.

The practice 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).

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).

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

No action



### Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

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

No action



# Summary of findings

There were systems for patients to be able to express their views and opinions.

## 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.

The practice had ground floor treatment rooms available which allowed easy access for patients with restricted mobility. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. The practice did not have an induction hearing loop.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays.

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.

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. Policies and procedures had been kept under review.

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

Staff said the practice was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

No action



# The Smile Centre 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.

We carried out an announced, comprehensive inspection on 3 October 2016. 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 areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 11 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. This allowed them to be analysed and any learning points identified and shared with the staff. The practice had an accident book. Documentation showed the last recorded accident had occurred in September 2016 this being an injury to a patient on the path outside the practice. The accident had been analysed and learning points recorded. An action plan to deal with the cause of the accident had been put in place and measures taken to ensure there was no repeat of the accident.

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

Records at the practice showed there had been three significant events in the twelve months leading up to this inspection. The last recorded event had occurred in September 2016 and related to an accident to a patient outside the practice. The record showed all significant events had been analysed and discussed with staff as appropriate.

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. These were received by the practice manager analysed and discussed in staff meetings as appropriate. The most recent alert had been received in July 2016 and related to child safety plugs for electric sockets. Appropriate action had been taken as a result.

People who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result. The provider knows when and how to notify CQC of incidents which cause harm.

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

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed and updated in January 2016. The policy identified how to

respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff. 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 one safeguarding referral made by the practice in March 2016. Documentation identified that staff had initial concerns and had taken appropriate action up to and including make a referral to the multi-agency safeguarding hub (MASH).

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two in August 2015 to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training to level two during August and September 2015. On an annual basis all staff received in-house safeguarding update training.

The practice had a specific policy to give staff guidance on Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed and updated in January 2016. This identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were hard copies of manufacturers' product data sheets which were kept in the practice manager's office. 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 9 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a recapping needles policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in January 2016. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments. We saw there were devices in each clinical area for the safe removal and disposal of needles and sharps.

# Are services safe?

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 on the back of work surfaces in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children. Within the decontamination room the practice had three different sharps bins for the further and safer segregation of sharps. These were a standard yellow sharps bin, a blue lidded sharps bin for out of date medicines and a purple lidded bin for sharps used with patients who were receiving cancer treatment.

Discussions with dentists identified the dentists were using rubber dams when providing root canal treatment to patients. However, this was not always clear in the dental care records and other evidence suggested rubber dams were not always used every time. 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 dam 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 in the practice.

## Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and 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 behind the reception desk. Two members of staff had completed a first aid at work course we saw certificates to evidence the staff members had completed the training which was valid until 2018.

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.

All staff at the practice had completed basic life support and resuscitation training on 16 November 2015. This annual training had been booked for 21 November 2016.

Additional emergency equipment available at the practice included: airways to support breathing, oxygen masks for adults and children and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

We looked at the staff recruitment files for one staff member to check that the recruitment procedures had been followed. This was the most recently appointed member of staff. 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 found that with the exception of one person all members of staff had received a DBS check. This staff member was in a non-clinical role and a risk assessment had been completed. The practice was routinely taking references for new members of staff and was keeping a record of interview notes. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in November 2015. The policy identified the practice manager as the lead person who had



# Are services safe?

responsibility within the practice for different areas of health and safety. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: fire, sharps and manual handling.

Records showed that fire extinguishers had been serviced in July 2016. The practice had a fire risk assessment which had been reviewed in January 2016. Records showed the practice held a fire drill twice a year, with the last one completed on 21 July 2016. Records showed that fire safety was a regular agenda item at staff meetings.

The practice had a health and safety law poster on display in the staff room. 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 identified the steps for staff to take should there be an event which threatened the continuity of the service.

## 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 edited in January 2016. A copy of the policy was available to staff in the decontamination room and the practice manager's office. 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.

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 on 3 June 2016 and had been completed by an external NHS infection control nurse. The audit highlighted a number of issues which would be addressed when the practice was refurbished in the coming weeks. For example the flooring in treatment rooms which was due to be replaced.

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 spillage kits for mercury and bodily fluids. Both spillage kits were within their use by date.

There were two decontamination rooms. A larger room where instruments were cleaned and sterilised and a smaller room where instruments were bagged 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.

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

The practice used manual cleaning to clean dental instruments. We saw a long handled brush as identified in the guidance (HTM 01-05) was used for manual cleaning. The water temperature during the manual cleaning was being routinely measured and records were kept to demonstrate the water temperature. 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. 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 functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that



# Are services safe?

inoculation. 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 practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in January 2016. The practice had implemented the recommendations from the assessment to reduce the risk at the premises. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

## 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 (PAT) had been completed on electrical equipment at the practice in October 2015. There was a Landlords gas safety certificate dated 29 December 2015. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in September 2016. Records showed the autoclaves had been serviced in November 2015.

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.

## 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 four intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

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 dentists at the practice. 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.

The practice only had critical examination documentation for one of 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 August 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 dated 15 January 2016 confirmed this had been completed.

The practice used 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.

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. There were risk assessments in place for pregnant and nursing mothers.

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. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed. We saw that the three main dentists at the practice had been audited in relation to the radiographs they had taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held partial electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form which was repeated every fifth visit. We saw examples where both the patient and the dentist had signed the form to indicate there had been no changes. If there were any significant changes patients were asked to complete a new medical history form. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

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.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist 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.

The practice has an NHS contract to see patients who are not registered with a dentist who require emergency treatment.

### Health promotion & prevention

The practice had two waiting rooms, one on each floor of the building. There were posters and leaflets relating to good oral health and hygiene on display. A poster in the waiting room gave patients about 'Sugar smart – Change 4

life'. This being an application that a patient could download onto their smart phone. The application read the barcode on food products and informed the reader of the amount of sugar present in that product.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. This 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. Discussions with the dentist showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. The practice was taking part in the Department of Health's 'dental prototype scheme' which was looking at new ways of improving oral health.

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 dental care records contained an oral cancer risk assessment. However in some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) was missing.

### Staffing

The practice had three dentists; two oral surgeons; two dental therapists; six qualified dental nurses; two trainee nurses; one decontamination operative; and one practice manager. Some dental nurses also worked on the reception desk. 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.

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

# Are services effective?

(for example, treatment is effective)

continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding. However, the CPD records for two members of staff were not available on the day of the inspection and could not be reviewed.

Records at the practice showed that all staff had an annual appraisal. As part of the appraisal process staff completed a review of their own learning objectives and these were discussed during the process. We also saw evidence of new members of staff having an in-depth induction programme with regular review meetings scheduled with the practice manager.

## **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, orthodontic practices and to the Charles Clifford dental hospital in Sheffield.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually through the Intermediate minor oral surgery (IMOS) service. Children or patients with special needs who required more specialist dental care would be referred to the community dental service.

The practice referral system was monitored through a tracking system on the computer. The practice manager was the lead person for tracking referrals, which were also monitored by the organisation's head office. Telephone calls were made to ensure referral letters had been received and check progress.

## **Consent to care and treatment**

The practice had a consent policy which made reference to the Mental Capacity Act 2005 (MCA). The issue of capacity was explored within the policy and this included making best interest decisions as identified in the 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.

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plan with the patients, which allowed patients to give their informed consent. As most patients received NHS treatment the practice recorded consent on the FP17 DC form, the standard NHS consent form. The practice kept a supply of specific consent forms for different treatments, and a specific consent form for private treatment.

The consent policy made reference to identifying who had parental responsibility where a child was unable to consent for themselves. The policy also directed dentists to ensure they were aware of the up-to-date advice on the law relating to obtaining consent from children under the age of 18.

We talked with dental staff about this and identified they were aware 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.

# Are services caring?

## Our findings

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

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a professional approach. We saw that staff spoke with patients with due regard to dignity and respect.

The reception desk was located outside 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 were necessary to discuss a confidential matter, there were areas of the practice where this could happen such as the consultation room or the practice manager's office.

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.

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

We received positive feedback from 11 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection.

The practice offered mostly NHS treatments (60%) and the costs were clearly displayed in the practice, in waiting rooms and in reception. The fees for private treatment were available on request.

We spoke with the dentist about how patients had their diagnosis and dental treatment discussed with them. We saw limited The dentist 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. We noted that patients' dental care records identified the diagnosis and treatment options discussed with patients.

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 practice is located in ground floor premises situated on the embankment to the south of Trent Bridge in Nottingham. There was metered roadside car parking close to the 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. To facilitate this, the practice made a specific appointment slots available for patients who were in pain or alternatively patients could sit and wait to be seen. .

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

### Tackling inequity and promoting equality

The practice had an equal opportunities policy which had been reviewed in August 2016.

There were three treatment rooms situated on the ground floor. This allowed patients with restricted mobility easy access treatment at the practice. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair. Access for patients using a wheelchair or with a pushchair was at the back of the practice.

The practice had one ground floor toilet for patients to use. This was due to be refurbished and made compliant with Equality Act (2010) in the weeks after this Inspection.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated in January 2016. The practice could accommodate patients with restricted mobility; with level access at the rear of the practice to the ground floor treatment rooms. The practice

did not have 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 had access to a recognised company to provide telephone interpreters. Additionally NHS England provided information on accessing interpreters and this included the use of sign language. The practice leaflet was available in languages other than English and made patients aware that interpreters could be arranged if needed.

### Access to the service

The practice's opening hours were – Monday to Friday: 9 am to 5:30 pm. The practice was closed at weekends.

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 number.

The practice operated a text message reminder service with patients who had appointments with the dental therapist. Patients received a text reminder three working days before their appointment was due.

### Concerns & complaints

The practice had both a complaints procedures and a complaints resolution policy. Both policies had been issued in September 2015. The procedures 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 complaint resolution policy.

Information about how to complain was displayed behind reception and was available in the practice leaflet and on the practice website.

From information received before the inspection we saw that there had been three formal complaints received in the 12 months prior to our inspection. The documentation showed the complaints had been handled appropriately and an apology and an explanation had been given to the patient.

# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated during 2016. The practice manager identified that all policies were updated on an annual basis usually in January.

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 practice manager or one of the dentists. We spoke with three members of staff who said they liked working at the practice and there was a close working team. Staff said there was a supportive approach from management at the practice and personal development was encouraged.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

### Leadership, openness and transparency

There was a practice manager who had been working as the practice manager since January 2016. The practice manager was a qualified dental nurse. The practice manager was on a course to achieve a Nation Vocational qualification (NVQ) in management.

We saw that full staff meetings were scheduled for once a month throughout the year. In addition there was a fortnightly team talk where staff could share information and raise any issues. The agenda for the full staff meeting covered areas such as: significant events, infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in January 2016. The whistleblowing 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. A copy of the policy was available on any computer within the practice.

Documentation relating to accidents, significant events and complaints identified the culture of the practice encourages candour, openness and honesty.

### Learning and improvement

The practice was due for a total refurbishment. This was booked to begin the week following this inspection visit. All clinical areas were due to have replacement flooring, redecoration, new cupboards and signage.

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 six monthly infection control audits, X-ray (radiographs) had been completed during 2016. In addition a hand washing audit in February 2016 had highlighted some issues, such as nail extensions and nail varnish which the practice had addressed.

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) and safeguarding had been completed by all relevant staff.

A copy of the General Dental Council's (GDC) nine principles and the provider's own vision, mission and values were on display in the staff room for staff to reference.

### 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. The latest information in the practice showed



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positive feedback with 100% of patients who responded saying they would recommend the practice to family and friends. A poster in the waiting room gave patients feedback in relation to comments generated through the FFT box.

There had been ten patient reviews recorded on the NHS Choices website in the year up to this inspection. Reviews

were mixed with five positive and five negative reviews. There had been six reviews posted prior to this. We noted the practice had not always responded to the patient comments on the NHS Choices website.

The practice operated its own satisfaction survey on an on-going basis. The format of the survey was being altered to best fit the patient experience at the practice. No patient satisfaction surveys had been undertaken since the ownership of the practice changed in August 2015.