

IDH 324 & 325 Ltd

# Peasedown Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 December 2015 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 this practice was not providing safe care in accordance with the relevant regulations

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

We found this practice was not providing well-led care in accordance with the relevant regulations

#### **Background**

Peasedown Dental Practice is a very small building with two dental treatment rooms and a waiting/ reception area located in the village of Peasedown St John, near Bath. It provides general dentistry, including endodontics and restorative services, to NHS patients, but will also treat private patients. The split is approximately 80% NHS and 20% private treatments. The service has two treatment rooms and treats both adults and children.

The practice has two dentists and a locum dentist, who covers for one of the dentists when they are not in the practice, two qualified dental nurses and a trainee dental nurse; a practice manager and two part time receptionists. There is no registered manager at the practice. 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'. 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 open Monday to Thursday from 8.45am until 1.00pm and 2.00pm until 5.00pm; Friday 08.45am -1.00pm only. The practice is closed at weekends.

We reviewed 14 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with nine patients on the day of our inspection. Feedback from

# Summary of findings

patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and they had confidence in the dental services provided.

## **Our key findings were:**

- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients oral health.
- There were systems in place to help ensure the safety of staff and patients with regard to safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. However there were ineffective systems to manage the safety of staff and patients in the premises and from equipment used.
- Staff were supported to maintain their continuing professional development; had undertaken training appropriate to their roles. However they did not feel well supported in their work.
- Patients commented they felt involved in their treatment and that it was fully explained to them. We reviewed 14 CQC comment cards completed by patients. Common themes were patients felt they received very good care in a clean environment from a helpful practice team.
- The practice had an efficient appointment system in place to respond to patient's needs. Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service through a detailed programme of clinical and non-clinical audits. However the practice manager told us they had not been given access by the provider to take action to mitigate the identified areas of risk in relation to equipment and environmental improvements.
- The practice had an accessible and visible leadership team with clear means of sharing information with staff.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities in a timely way.
- Ensure the training, learning and development needs of staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff employed.

# 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 this practice was not providing safe care in accordance with the relevant regulations.

However the impact of safety concerns is minor in terms of clinical care for patients.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

There were systems in place to help ensure the safety of staff and patients in relation to safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. However no action had been taken to mitigate the risks identified in the practice risk assessments of the health and safety and environmental risks to patients and staff.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

Requirements notice



### Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patient's oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Patients spoken with and comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed training in the last 12 months to maintain the continuing professional development. However they did not have personal development plans which identified specific training to assist them in developing their knowledge and skills.

No action



### Are services caring?

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

No action



# Summary of findings

We reviewed 14 completed CQC comments cards and spoke with nine patients on the day of the inspection. Comments were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them by caring and competent staff.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

## Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Patients who commented on this service reported this was helpful.

The practice audited the suitability of the premises for patients with mobility difficulties and ensured they were able to accommodate them. There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients.

No action



## Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice. The practice assessed risks to patients and staff however the practice manager was not empowered to take action to mitigate the identified risks which had not been addressed.

The practice had a newly appointed manager who provided accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend.

The practice had systems in place to seek and act upon feedback from patients using the service.

Requirements notice



# Peasedown Dental Practice

## Detailed findings

### Background to this inspection

This inspection took place on the 8 December 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector, a second inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the dentists, dental nurses and receptionists. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event log and all events once recorded were sent to the provider's head office for monitoring. During the inspection we were told of a patient who had collapsed in the practice. We saw from the patient's dental care record the incident had been appropriately handled at the time of the incident, followed up and recorded in the patient's record. However an appropriate incident report had not been completed. Staff told us learning had taken place as they had discussed the incident and actions taken as a team.

The dentists told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The lead dentist and practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

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

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the local area.

The practice manager was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. Staff we spoke with told us they were confident about raising any concerns.

The practice had some safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff were aware of the practice policy in relation to raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they would not feel able to raise concerns with the current manager as they had been in post such a short time. They did not know they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.

We asked to see the practice risk assessments. We were shown the Health and Safety and Fire risk assessments that had been completed by the provider's designated person on 1 September 2015. The Health and Safety risk assessment which related to the premises and equipment had identified a significant number of risks which need action. None of these actions had been completed. The Fire Safety risk assessment had identified 24 risks and no action had been taken to mitigate these risks either, for the safety and well-being of patients and staff.

In discussion with the practice manager and their mentor, a more experienced manager from another local practice, we were told the provider had said the risks would be addressed during the planned refurbishment of the practice. Staff told us the refurbishment had been planned since June 2015 and had not taken place. Neither of the managers were aware of the timeframe for when the refurbishment would be completed and the identified risks mitigated for the safety of patients and staff.

In the Health and Safety risk assessment documented actions and who was responsible for taking these actions had been identified, however the practice manager told us they were not empowered to take the actions set against

# Are services safe?

their name. They told us they had spoken with the provider about this and had been told the actions would be addressed during the refurbishment but no time scale had been given.

We saw a number of policy documents which reflected current activity in the practice and the most recent guidance from the provider.

Staff recruitment files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

## Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed weekly checks were carried out to ensure emergency medicines were safe to use however staff had not been checking the oxygen cylinder. The practice manager checked this and immediately added it to the weekly practice checklist. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months and told us they felt confident they could use the equipment effectively.

One member of staff was trained in first aid and a first aid box was available in the practice.

## Staff recruitment

The provider had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the provider's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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. Records confirmed most of these checks were in place but we were not shown evidence that photographic identification had been obtained.

The staff recruitment files and information were not available in the practice or to the practice manager electronically. It took a significant number of emails to the provider's head office to obtain the information. We looked at the files for three members of staff; one who had recently joined the practice and found they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and lead dentist to ensure they felt supported to carry out their role.

The provider had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. This system was not easily accessible to the practice manager. Records we looked at confirmed these were up to date.

## Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. There were no records to demonstrate fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Staff told us fire drills had not taken place.

The provider had a risk management process for the practice manager to implement, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a



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practice risk assessment had been completed. They identified significant hazards and the controls or actions needed to mitigate the risks but the actions had not been completed. We were told this was because the provider was planning to refurbish the practice however no date has yet been provided as to when this work would be completed and the identified risks minimised.

The practice manager told us the risk assessments would be reviewed annually. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations; however it was not comprehensive and did not provide information for many of the products used in the practice. The practice manager told us this was a work in progress as they had not had time to complete it since their recent appointment.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

## Infection control

The lead dentist was the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, use of the ultrasonic bath and where necessary manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms appeared clean and hygienic. They were free from clutter and had sealed floors and work

surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which had been completed daily. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment for the protection of patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about the cleanliness of the practice.

With the practice being so small decontamination was taking place in the surgeries which was not best practice but did meet the essential standards of HTM01-05. One of the dental nurses showed us the procedures involved in rinsing dirty instruments; and in inspecting, cleaning, sterilising, packaging and storing clean instruments. The practice routinely used an ultrasonic washer to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage before sterilising them in the autoclave (sterilising machine). Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages. Sterilised instruments were then placed in sealed pouches with an expiry date.

The practice had limited systems in place for daily quality testing of the decontamination equipment. We saw, and they told us, they were not able to validate the autoclaves to ensure they were working effectively to sterilise instruments. We were told by the manager and staff they knew this did not meet the essential requirements but had been told the autoclaves would be replaced when the practice was refurbished.

We spoke with the provider during the inspection about our serious concerns regarding the lack of validation of the autoclaves and the practice manager was told to decommission them and stop any further use of the autoclaves. They were to await the delivery of a new autoclave which could be validated before sterilising any more instruments. We were told it would arrive in the practice the following day. We checked with the practice the day after inspection and were told the new autoclave



# Are services safe?

had arrived, could be validated and was in use. We were told by the dentists there were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed risk assessment for Legionella had been carried out by an external company. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month. Records seen corroborated these actions were being completed.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards. Records showed the practice manager carried out staff observations for example regarding hand washing and the correct disposal of clinical waste. They provided staff with ongoing training to ensure best practice standards were maintained.

The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) had been completed. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Records showed a decontamination audit was carried out in September 2015. We were told the audit results indicated the practice was meeting the required standards. During the inspection we observed the practice was meeting the essential standards as required by HTM01-05 except for the validation of the autoclaves which the provider addressed immediately when we spoke with them.

## Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing

and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a detailed record of stock in each treatment room.

Prescriptions pads were stored securely and details were recorded in patients dental care records of all prescriptions issued.

## Radiography (X-rays)

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R).

The file contained the required information including names of the Radiation Protection contacts, notification to Health & Safety Executive (HSE) and local rules for equipment use. Records of staff training and equipment testing and maintenance were also seen and were current. The practice staff told us they were aware of improvements suggested by a Radiation Protection Advisor, who had visited recently, relating to the safety and protection of staff and patients. The practice manager and staff told us they had been advised the issues would be addressed when the practice was refurbished, however there was no timescale for this and the risks remained.

The file was detailed but not up to date in that the following was seen: the last radiograph audit was undertaken in June 2014 and had not been repeated annually as required by GDC standards; the X-ray equipment log sheet was blank as were the radiation induction checklist and the local rules log. The practice manager was new and the Radiation Protection Supervisor in the practice was the lead dentist who told us they had not had time to complete these due to patient pressures. The practice manager showed us their action plan in which this audit was identified for action the following month.

## Are services safe?

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) good practice guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the

exposure had been considered and x rays taken had been reported upon. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed paper and electronic records of the care given to patients. The practice manager told us they are slowly moving to all electronic records. We reviewed the information recorded in nine patient dental care records and found they provided comprehensive information about patient's oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment.

For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure every NHS patient gets fair access to quality treatment.

Medical history checks were updated at every visit and patient dental care records we looked at confirmed this. This included an update about patients health conditions, current medicines being taken and whether they had any allergies. Patients spoken with and comments received via CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the

prevention of dental disease in a primary and secondary care setting). For example, fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were provided.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, and a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients we spoke with told us they found the noticeboard and patient information leaflet informative.

### Staffing

The practice team consisted of two dentists, two dental nurses and a trainee dental nurse, two part time receptionists and a practice manager. The practice manager told us they were not empowered to plan ahead regarding staffing availability but were told what staffing arrangements were to take place by the provider at head office. They were therefore unable to always ensure there were sufficient staff to run the service safely and meet patient needs.

The practice manager was unable to access the record of all training carried out by staff which was held electronically by the provider's head office, to ensure they had the right skills to carry out their work. Staff told us and we saw mandatory training undertaken included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The newest member of staff told us this had been very helpful and informative. Dental nurses received day to day supervision from the dentists and support from the practice manager.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an ongoing programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

# Are services effective?

(for example, treatment is effective)

There was no appraisal system in place to identify training and development needs. Two members of staff we spoke with told us they had in the past had an appraisal off site with a practice manager from another practice whom they did not know. There was no evidence of recent appraisal or personal development plans for members of staff.

## **Working with other services**

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required. The lead dentist told us they had good access to urgent dental care services and could make telephone contact initially with the specialist service to ensure patients were seen quickly.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The receptionist kept a referral tracker document which supported them to complete referrals in a timely manner and to check the progress of urgent referrals. This also provided information which could be used as part of their ongoing programme of record keeping audits.

## **Consent to care and treatment**

Staff explained to us how valid consent was obtained for all care and treatment. The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

Both dentists we spoke with were also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

During the course of the inspection we checked dental care records to confirm the findings that treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We saw consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

# Are services caring?

## Our findings

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

We reviewed 14 completed CQC comments cards and spoke with nine patients on the day of the inspection. Comments from patients were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients arriving for their appointment and how staff were helpful and discreet to patients on the telephone.

The practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us they would wait until a dental treatment room was available if patients wished to discuss something with them away from the reception area, as the practice building was small and did not have any other rooms. All treatment room doors remained closed during consultations.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and via the website. The services provided include preventative advice and treatment and routine and restorative dental care.

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

Patients booked in with the receptionist on arrival who kept patients informed if there were any delays to appointment times.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and provided training to support staff in understanding and meeting the needs of patients.

The practice had easy access into the building and we saw the treatment rooms were on the ground floor which was accessible for patients with reduced mobility. The practice did not have a patient toilet. Parking was available in the nearby public car park.

Staff had access to translation services via an online or telephone translation service. Dental care records included alerts about the type of assistance patients required.

### Access to the service

The practice displayed its opening hours on the door to the practice, in the premises and in the practice information leaflet. Opening hours were Monday to Thursday from 8.45am until 1.00pm and 2.00pm until 5.00pm; Friday 08.45am -1.00pm only. The practice is closed at weekends.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. CQC comment cards reflected patients felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice answer machine for patients requiring urgent dental care when the practice was closed. The out of hour's number was also clearly displayed on the practice door.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients and sending text message reminders. Patients we spoke with told us this was very helpful.

### Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. Staff told us they had not been able to raise any formal or informal comments or concerns recently as there had not been a practice manager until the last few weeks. They did not feel there was anyone else in the company with whom they could speak. Staff told us despite requests materials and equipment were not easily accessible and they did not feel their requests were responded to appropriately and in a timely manner.

The practice had received one complaint in the last 12 months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which ensured a timely response which sought to address the concerns and effect a satisfactory outcome for the patient. Information for patients about how to raise a concern or offer suggestions was available in the reception area and practice information leaflet.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had some governance arrangements in place to ensure risks were identified however they were not managed appropriately. We saw some risk assessments but no control measures had been put in place to manage those risks, for example fire and health and safety. Staff we spoke with were aware of their roles and responsibilities within the practice but did not feel empowered by the provider to wholly fulfil their duties.

Health and safety and risk management policies were in place however the staff were unable to implement actions and processes to ensure the safety of patients and staff members. Staff told us the provider had said these identified risks would be dealt with when the practice was refurbished. Staff told us they had been expecting the refurbishment since June 2015 and still did not have a specified date when this would take place.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw there were few risk assessments and limited control measures had been put in place where risk assessment had been undertaken as there had been no practice manager for more than six months. However lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them in as far as possible given the provider's constraints at the practice.

For example they were aware they were not meeting the decontamination policy requirements, or the national essential requirements, in relation to decontamination by not having a verifiable autoclave. These included guidance about infection control, confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

There had been no monthly practice meetings until the new manager commenced five weeks previously. We saw they had implemented regular practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from a practice meeting held in December 2015 where issues such as complaints, incidents, infection control and patient care had been discussed.

### Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us there was an open culture within the practice which encouraged candour and honesty. There had not been clearly defined leadership roles within the practice until the new manager was appointed.

The new manager was seeking to embed the now clearly defined roles within the practice ethos of providing high quality dental care to their patients. The practice manager and dentists told us patients were informed when they were affected by something which went wrong, given an apology and told about any actions taken as a result.

Since the appointment of the new manager there were structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice maintained their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, radiographs, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories.



## Are services well-led?

Where areas for improvement had been identified in the clinical audits, action had been taken. For example through discussion and training at practice meetings. There was evidence of repeat audits to monitor improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service which fed into the provider's system of continuous feedback and monthly

analysis. We saw the results for this practice showed 99.4% of patients were very satisfied with the service they received. The practice had a compliments book in the waiting area which had a number of very positive comments recorded.

Patients were encouraged to complete the NHS Friends and Family Test but no data was available. This is a national programme to allow patients to provide feedback about the services provided.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</b></p> <p><b>Regulation 17 - Good Governance</b></p> <p>How the regulation was not being met:</p> <p>The provider had not taken action to mitigate fire and health and safety risks identified for the safety of patients and staff.</p> <p>The provider did not have effective governance, systems in place which assessed monitor and drove improvement in the quality and safety of services provided.</p> <p>Regulation 17(1)(2)(a)(b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Regulation 18 HSCA (RA) Regulations 2014 Staffing - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</b></p> <p><b>Regulation 18- Staffing</b></p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>The provider did not ensure staff members received appropriate support, training, supervision necessary for them to carry out their duties.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person.