

## Community Dental Centres Limited

# IDH Kilkenny House Taunton

## Inspection Report

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### Overall summary

We carried out a comprehensive inspection of IDH Kilkenny House Taunton on 3 August 2016.

IDH (Integrated Dental Holdings) is a national company which operates over 600 dental practices across the United Kingdom recently re-branded as 'My Dentist'. The Kilkenny House practice provides both NHS dental treatment to adults and children and private dental treatment to and adults.

The practice is situated in the centre of Taunton town. The practice has eight potential dental treatment rooms six of which are currently in use, two decontamination rooms for the cleaning, sterilising and packing of dental instruments, a reception, two waiting areas, two staff rooms and a manager's office. Dental services are provided on the ground and first floor. The main entrance to the practice is accessible by external steps and permanent disability ramp.

The practice is open Monday, Tuesday, Wednesday, Thursday 08:00-20:00 Friday 08:00-17:00, Saturday 09:00 - 15:30 Sunday closed.

IDH Kilkenny House has six dentists, a visiting implantologist, two part time dental hygienists, three dental nurses (two of whom are trainees). The practice manager and clinical team are supported by three

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

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 12 completed cards. These provided a positive view of the service the practice provided. Patients commented staff were professional, caring, friendly and polite. Patients wrote they were listened to and staff made every effort to make suitable appointments. Patients also commented they felt safe and observed the practice to be clean and hygienic. During the inspection we spoke with three patients who were highly satisfied with the treatment and support they received at the practice.

Our key findings were:

- There were comprehensive policies and procedures at the practice; however we found that some were out of date which included the COSHH file.

# Summary of findings

- The practice carried out oral health assessments and planned treatment in line with current 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.
  - The practice had an efficient appointment system in place to respond to patient's needs. Patients reported good access to the practice with emergency appointments available within 24 hours. There were clear instructions for patients regarding out of hours care.
  - There were some systems to check equipment had been serviced regularly, including the compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. However the systems were not always managed appropriately to ensure equipment checks had been completed within the necessary timeframes.
  - The practice had the equipment and medicines they would need in the event of a medical emergency and staff had appropriate training.
  - The practice took into account patient feedback, comments and complaints.
  - The practice was visibly clean but parts were not well maintained such as the upstairs waiting room which had plaster defects evident and there was a badly watermarked ceiling in a downstairs surgery.
  - Patients were highly satisfied with the treatment they received and complimentary about staff at the practice.
  - Patients with mobility difficulties were able to access the practice. The practice had carried out a Disability Discrimination Act 1995 audit (DDA). The Disability Discrimination Act 1995 applies to all public and private organisations and businesses. This law ensures disabled people have the legal right to be treated equally to able bodied persons. Therefore all service providers have to ensure their service is accessible to people with disabilities.
  - Staff were not always supported to maintain their continuing professional development. Not all staff had undertaken training appropriate to their roles;
  - There were limited systems in place to learn and improve from incidents or healthcare alerts. The practice manager was not fully supported for example requests for maintenance at the practice had not been acted upon.
  - Appropriate recruitment processes and checks were not always undertaken.
  - We observed and were told the practice had a staffing shortfall in particular in relation to the dental nursing team. There was only one trained dental nurse in the practice on the day of inspection. Two dentists were working with trainee nurses who had not yet commenced training and one dentist was supported by an agency nurse.
  - There was evidence of audits being undertaken at the practice to monitor and the quality of the service. However they were not always analysed, action plans were not complete and learning was not shared across the practice. There was no clear programme for re-audit.
  - The dental practice had some clinical governance and risk management processes in place; however they were not wholly effective and lacked some attention to detail to ensure compliance with the relevant regulations.
- 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.
  - Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD) both regular and visiting staff.
  - Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

# Summary of findings

- Ensure audits of various aspects of the service, such as radiography and infection control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points which are shared with all staff and the resulting improvements can be demonstrated.
- Ensure all staff undertaken relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice systems for the recording, investigating and reviewing of incidents or significant events with a view to preventing further occurrences and, ensuring improvements are made as a result.
- Review the practice responsibilities with regard to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.

You can see full details of the regulations not being met at the end of this report.

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

- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the storage of dental care records to ensure they are stored securely especially in relation to past records waiting to be archived.

# 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 providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. However records seen showed not all staff had undertaken safeguarding training to the appropriate level demonstrating the systems in place were not being well-managed. The practice carried out and reviewed risk assessments to identify and manage risks.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. However these procedures were not always appropriately managed to ensure the care was delivered safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it when company process was followed but this did not always happen.

No action



### Are services effective?

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to hospital 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. Comments received via the CQC comment cards reflected patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Patients were given time to consider their options and make informed decisions about which treatment option they preferred.

The practice manager sought to ensure there were sufficient numbers of staff to meet patient needs, however there were shortfalls in the staffing levels. The practice had not recruited sufficient numbers of trained dental nurses and when shortfalls in staffing occurred due to sickness absence the practice manager was not able to plan ahead. This had sometimes resulted in a dentist having their whole patient list cancelled for the day.

No action



# Summary of findings

## Are services caring?

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

We reviewed 12 completed CQC comments and received feedback from three patients about the care and treatment they received at the practice. The feedback was positive with patients commenting on the service they received, caring nature of the staff and ease of accessibility in an emergency. They told us they were treated with respect and dignity. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



## 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.

There was level access into the building for patients with limited mobility and pushchairs. Services were available on the ground floor as well as the first floor of the practice. There was level access throughout the ground floor and the area was spacious enough to manoeuvre a wheelchair. We observed the reception desk was compliant with the Disability Discrimination Act 1995 and the Equality Act 2010.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

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 identified and assessed clinical and environmental risks related to the service provided, however they were not always well managed for the safety and well-being of patients. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

There were regular team meetings where staff were given the opportunity to give their views of the service. However staff told us they did not feel well supported and were reticent to raise any concerns with the provider.

Requirements notice



# Summary of findings

The practice had some governance systems in place but they were not robust and lacked attention to detail. For example some areas which required attention were the recruitment processes and audit programme. The practice was not following a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. However they had undertaken an infection control audit within the last six months.

The practice did seek feedback from patients using the service. We observed good support for the trainee dental nurses and other staff from the lead dental nurse which promoted openness and transparency amongst staff and the delivery of high quality dental care. We observed and were told the practice manager was not well supported to deliver her role as practice manager. For example there was little evidence of any regular meetings with their line manager and requests for maintenance for the practice appeared not to have been acted upon by the company.

# IDH Kilkenny House Taunton

## Detailed findings

### Background to this inspection

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

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# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. We looked at examples of accidents and incidents that staff had recorded. Records demonstrated staff had appropriately acted upon incidents that had occurred. The practice had an accident record book which had been completed and an incident policy in place which staff were aware of and followed. We were told reported incidents were discussed at staff meetings when necessary, and sent to head office for central recording purposes. However the minutes of staff meetings we were shown, and comments from staff we spoke with, did not demonstrate incidents were discussed and learning disseminated to staff. This reflected that the system was not fully implemented for the effective running of the practice.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made in the last 12 months.

We were shown evidence there was recognition of the value of shared learning when things went wrong in some instances and staff spoken with about these specific instances corroborated this. There were clear guidelines for staff to follow about how to respond to a sharps injury (needles and sharp instruments). A wall poster in each treatment room clearly described the process to follow in the case of a sharps injury. The practice used a safe sharps system for the local anaesthetic dental syringes thus complying with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and minimising the possibility of needle stick injuries.

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

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. However not all staff had been trained to the appropriate level for child protection or in safeguarding adults as required by current legislation. (Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document February 2016 and Child Protection: Safeguarding Children and

Young people: roles and competences for health care staff – Intercollegiate Document March 2014). Staff spoken with demonstrated a good awareness of who to contact in the case of a safeguarding concern with flow chart and contact numbers available in reception.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice showed us they had rubber dam kits available for use in line with the current guidance. The dentists we spoke with confirmed they used rubber dams. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment. We noted the rubber dams used were latex free to avoid the possibility of an adverse reaction from a patient with latex allergy.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely in the ground floor staff room. We saw the emergency kit contained appropriate emergency drugs and oxygen.

The lead dental nurse showed us her records which demonstrated checks were made to help ensure the equipment and emergency medicines were safe to use. The expiry dates of medicines and equipment were monitored using a daily check sheet which was signed by the lead dental nurse.

Staff had completed annual training in emergency resuscitation and basic life support on site at the practice. Staff had also completed emergency first aid training. Staff we spoke with knew the location of the emergency equipment and how to use it.

### Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an



## Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The registered manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff employed and we saw evidence this had been carried out. We found one DBS certificate had information that required further risk assessment to be undertaken and documented. There was little documentary evidence in the risk assessment to demonstrate this had been explored with the individual.

The practice had a policy in place for the recruitment of staff which included seeking references, checking qualifications and professional registration. We looked at four staff recruitment records and saw one did not have a current Disclosure and Barring service (DBS) check for that member of staff. The DBS certificate had been obtained in 2011 by another employer and was not portable in line with the regulations. The member of staff had commenced work with this employer in 2015. We also observed there were no references for this member of staff.

Other records seen contained the appropriate recruitment documentation required. This included proof of identification, two references, interview notes, DBS checks, training certificates and proof of professional registration. The practice manager told us they checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

### Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice. The practice had a log of risk assessments. For example, we saw current risk assessments for radiation, electrical faults and fire safety. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants and dental clinical materials. However, the last review appeared to have been in 2003 and there was no evidence of a process to review and update the information in the file as new materials were added to the practice.

The practice did have an electrical fire alarm system in place. We reviewed documents which showed that checks of fire extinguishers and emergency lighting had taken

place. We also saw records of a recent fire drill however we observed only two fire drills had been carried out in the last two years and not six monthly in accordance with practice policy. Staff had attended fire training and there was a trained fire warden at the practice. We saw the fire evacuation procedure was clearly posted on the walls throughout the practice. Fire risk assessments had been carried out which demonstrated identified risks had been addressed and action taken.

### Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice which assured us the HTM 01-05 essential requirements for decontamination had been mostly met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and observed all areas were visibly clean. This was confirmed by the patients we spoke with and from the patient feedback forms we reviewed. Treatment rooms were visibly tidy and free from clutter. Daily surgery checklists were in place which included cleaning and the flushing of dental water lines.

There were designated hand wash basins in each treatment room and in the decontamination rooms. Instruments were stored and packaged appropriately in treatment room drawers. However, we observed local anaesthetic cartridges had been removed from their blister packs and were stored loose in the drawers, causing a possible cross contamination risk. The lead dental nurse assured us this practice would be addressed immediately and stopped.

Decontamination was carried out in two dedicated local decontamination rooms (LDU's) which we found fit for purpose. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment (PPE) such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following practice procedures.



## Are services safe?

The decontamination lead nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments along with the packaging and storage of sterilised instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). Each LDU had two autoclaves and in each room only one autoclave was able to be automatically validated and manual validation was not taking place. The decontamination lead nurse immediately decommissioned these machines and arrangements were made to order two new autoclaves which would comply with HTM01-05. An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. The practice had systems in place for the daily quality testing of decontamination equipment however on occasions it was not appropriately completed. Records confirmed these had mostly taken place.

Sterilised instruments were packed and stored appropriately until required. Packs were dated with an expiry date in accordance with HTM01-05 guidelines. There were sufficient instruments available to ensure services provided to patients were uninterrupted. Staff showed us the documentation which evidenced validation checks of the sterilisation cycles. We observed equipment used to sterilise instruments was regularly maintained as seen in the maintenance logs.

A Legionella risk assessment had been carried out and the recommendations of the report had been implemented. 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. Legionella is a bacteria found in all potable water entering domestic and commercial premises. We observed the dental nurses ran the dental water lines in each treatment room at the beginning of every session, flushed the dental water unit lines with an approved disinfectant and monitored cold and hot water temperatures in the sentinel taps each month. The lead dental nurse showed us the monitoring records for these and demonstrated how the dental water lines were flushed.

The decontamination lead nurse carried out an Infection Prevention Society self-assessment decontamination audit relating to HTM 01-05 every six months. This audit is

designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. However shortfalls which needed attention were not evidenced as being shared and implemented.

The practice had a record of staff immunisation status with regards to Hepatitis B in staff files. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed practice waste was stored and segregated into safe containers in line with the Department of Health. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice as evidenced by waste consignment notes seen.

### Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment and testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed the practice had contracts in place with external companies to carry out annual servicing and routine maintenance work in a timely manner, however they were not monitored and records seen demonstrated appropriate timeframes were not always met. This

Medicines and prescription pads were stored securely and NHS prescriptions were only stamped with an official practice stamp and signed at point of use. Emergency medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

### Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) had been appointed and a nominated dentist was the Radiation Protection Supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in accordance with guidance. X-ray audits were carried out at the practice annually to monitor and improve quality as needed.



## Are services safe?

We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality and accuracy. All the dentists had undertaken

appropriate training in line to meet the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R) and training certificates demonstrated this.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the practice planned and delivered patients' treatment with attention to their individual dental needs. The dental care records we reviewed for each dentist present during the inspection were clear and contained appropriate information about patients' dental treatment. The practice kept paper and electronic records of the care given to patients. We reviewed the information recorded in patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice was fully up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists always used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs to determine how frequently to recall them.

### Health promotion & prevention

The waiting room at the practice contained a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided verbally by dentists but this was not always recorded in the dental care records.

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health published by Public Health England.

### Staffing

There was a team of five dentists and three dental nurses (two of whom is a trainee) at the practice. The practice manager and clinical team were supported by three receptionists. There was a part time hygienist in post at the time of inspection. The practice had additional support from a compliance manager and a registered manager.

We saw evidence in staff files which demonstrated all full time staff at the practice had completed appropriate training. Staff had attended continuing professional development training which was required for their registration with the General Dental Council (GDC). This included including infection control, child and adult safeguarding and basic life support. However there was no evidence the part time clinicians had undertaken any training and were maintaining their skills and knowledge for the safety and well-being of patients.

Staff attended internal training and undertook eLearning courses. New members of staff received an appropriate induction programme when they joined the company. Staff files seen contained details of current registration with the GDC and the practice manager monitored all dentists and dental nurses remained registered although we did not identify a robust process for monitoring mandatory training and continuing professional development.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. The lead dental nurse advised she had attended extended duty dental nurses (EDDN) training in impression taking and wished to enrol on further courses such as the ability to take radiographs.

The practice manager advised us there were insufficient numbers of staff employed at the practice to meet patient's needs. They told us the practice was however able to use staff from other Mydentist practices in the area in the case of staff shortages/absences. The manager told us if there was no one available from another local practice they would only be able to request agency staff on the day the vacancy occurred. This has resulted in insufficient staff to meet the needs of patients on some occasions and patient appointments had been cancelled.

### Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. We were told an implantologist visited the practice weekly.

When required the practice worked with these professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and



## Are services effective? (for example, treatment is effective)

specialist dental services for further investigations. The practice completed detailed referral letters to ensure the specialist service had all of the relevant information required. The dental care records we looked at contained details of the referrals made and the outcome of the specialist advice.

### **Consent to care and treatment**

Staff described the methods they used to ensure patients had the information they needed to be able to make an informed decision about treatment. Staff explained to us how valid consent was obtained from patients at the practice. We reviewed a random sample of dental care records which confirmed valid consent had been obtained. Staff ensured patients gave their consent before treatment commenced. We saw treatment options; risks, benefits and costs were discussed with each patient and documented in a written treatment plan.

Patients told us they were given time to consider their options and make informed decisions about which option they wanted. This was reflected in comments from patients we spoke with as well as on CQC comment cards.

In situations where patients lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure decisions about care and treatment are made in patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. Staff had a limited understanding of the MCA and some had received specific MCA training.



## Are services caring?

### Our findings

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

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with three patients on the day of inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored in password protected computers and any paper records stored in secure filing cabinets. However we observed archived records were stored in open boxes in a room on the top floor of the practice contrary to the safe storage of medical

records and data protection regulations 1998. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

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

Patients were given a copy of their treatment plan and the associated costs. Patients we spoke with told us they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were informed of the range of treatments available and their cost in information leaflets. We observed NHS charges and prices of private treatments were clearly displayed in treatment rooms and waiting areas.



# 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 their practice leaflets in the waiting area. We saw there were leaflets for specific treatments such as root canal, inlays and oral hygiene. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentist to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs. Basic periodontal treatment to help maintain patient's gum health was carried out by the dentists. A hygienist was employed at the practice at the time of our visit for one session a week.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place and provided training to support staff in understanding and meeting the needs of patients.

Access to the practice was via steps or a purpose built ramp off the pavement suitable for wheel chair patients. Disabled patients were able to have treatment carried out in either of the two ground floor surgeries.

The practice had carried out a Disability Discrimination Act 1995 audit (DDA). The Disability Discrimination Act 1995 applies to all public and private organisations and businesses. This law ensures that disabled people have the legal right to be treated equally to able bodied persons.

Therefore all service providers have to ensure their service is accessible to people with disabilities. There was written guidance for staff and staff we spoke with were aware of the DDA.

### Access to the service

The practice was open Monday to Thursday 8.30am – 8.00pm, 8.00 am – 5.00pm on Fridays and 9.00-3.30pm Saturdays which gave patients greater access to dental care. The practice was closed between 1.00pm and 2.00pm. The practice was closed on Sundays. Information regarding the opening hours was available in the premises and on the practice website. The practice answer phone message provided information about opening hours as well as how to access out of hours treatment. Some emergency appointments were kept free each day so the practice could respond to patients in pain.

### Concerns & complaints

The practice had a complaint policy and procedure in place for handling complaints which provided staff with relevant guidance. Complaints were logged onto the company database and forwarded to the area complaints support team. Complaint letters from patients were uploaded to the database in order to ensure they were kept secure. The practice manager was supported by the complaints department who were able to advise the best way forward and the correct process to follow.

We looked at the practice's log of complaints within the last 12 months. These include information about entries by patients on the NHS Choices website. The practice had responded to the entries appropriately. Information for patients about how to raise a concern or complaint was available in the waiting room. Patients we spoke with told us they were confident in raising a concern and would speak to the practice manager.

# Are services well-led?

## Our findings

### Governance arrangements

During the inspection, we reviewed a comprehensive clinical governance file. The practice manager was responsible for the day to day running of the service. They took the lead role for individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager ensured there were systems to monitor the quality of the service such as audits. We looked at the contents of an audit file kept by the practice manager. The file contained audits relating to infection control practice, prescriptions, specialist referrals, clinical records and radiographs. However, the outcomes of these audits were not always discussed at practice meetings to enable staff to benefit from shared learning. Not all audit results had been put into an action plan to be implemented to improve the quality of service provided.

We were told meetings with the area manager were infrequent as were visits to the practice. The practice manager stated that they were not fully supported for example a request for maintenance and repairs to the building had not been agreed and no timeframe for action had been supplied to the practice manager. We observed in one of the downstairs surgeries a stained ceiling tile directly above the dental chair which required replacement. The manager told us they had reported this and asked for action, emails seen corroborated this, but there had been no response to these requests.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and some control measures were in place to manage those risks.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. However, shared learning from audits was unclear as the practice meetings minutes did not demonstrate the results of audits had been discussed.

### Leadership, openness and transparency

The registered manager told us the company was rebranding the practice to 'Mydentist' and the changes were already in progress. Staff meeting minutes showed

that the changes had been discussed and there was information for patients in the form of posters at the practice. Staff told us they had been informed of the changes and were kept up to date. They told us they were able to access a video via the intranet about the re-branding of the practice and company.

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. Staff we spoke with described the clinical practice culture as supportive, open and transparent. All staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff said they felt valued but not always supported however we heard they were committed to the practice's progress and development. One clinician stated that they had been advised eighteen months prior to the inspection they would be the clinical lead but this role had not been developed. The clinical team appeared to work effectively together and there was a relaxed atmosphere.

### Management lead through learning and improvement

The registered manager had an understanding of the need to ensure staff had access to learning and improvement opportunities. All the clinical staff (apart from the trainee dental nurses) who were working at the practice were registered 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. There was no robust system to ensure all staff were up to date with their professional registration and continuing professional development.

Staff told us they had good access to training but the management did not always monitor staff training to ensure essential training was completed each year. We saw evidence staff received an annual appraisal. Completed appraisal documents seen in staff recruitment files were up to date. New members of staff completed a probationary period which could be extended if necessary. Staff attended monthly practice meetings. The topics at the meeting in July 2016 included a review of previous meeting minutes, practice performance, health and safety review.

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

The practice had systems in place to seek feedback from patients using the service, including a company survey, a Business Services Authority (BSA) patient questionnaire

## Are services well-led?

and the NHS Friends and Family Test. Feedback forms were available in the waiting area for patients to complete at each visit. The results were collected and reviewed by head office every three months and forwarded on to the practice. The most recent company patient survey carried out showed a high level of satisfaction with the quality of service provided.

We saw evidence in the monthly minuted staff meetings that results of the patient satisfaction survey were discussed.

This section is primarily information for the provider

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>How the regulation was not being met:</b>  Regulation 17(1).  Systems and processes were not operated effectively as some areas lacked attention to detail to ensure compliance with the requirements in this Part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).  The provider must evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (d).