

DM And LJ Jordan Limited

# Mydentist - Ratcliffe Gate - Mansfield

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 21 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

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

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

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

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

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

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

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

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

### **Background**

Mydentist, Ratcliffe Gate, Mansfield is situated over two floors of premises close to the centre of Mansfield. The practice was first registered with the Care Quality Commission (CQC) in May 2011. The practice provides regulated dental services to patients from the Mansfield area. The practice provides mostly NHS dental treatment (90%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday: 8:30 am to 5:30 pm; Tuesday 8:30 am to 8 pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 9:30 am to 8 pm; Friday 8:30 am to 5 pm and Saturday: 9 am to 12:30 pm.

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

The practice manager is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

# Summary of findings

The practice has three dentists; one dental therapist; three dental nurses; two trainee dental nurses, a practice manager and one receptionist. Dental nurses also worked on the reception desk. At the time of the inspection there were only two dentists in post, and a third was being recruited.

We received positive feedback from 49 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

## **Our key findings were:**

- Feedback from patients was mostly positive. Patients said they were treated with dignity and respect.
- Dentists identified the treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

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

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

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

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance. Equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely.

X-rays were carried out safely in line with published guidance, and X-ray equipment was regularly serviced to make sure it was safe for use.

### **Are services effective?**

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

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

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

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Staff were able to demonstrate that referrals had been made in a timely way when necessary.

### **Are services caring?**

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

Staff understood the need for maintaining patient confidentiality and were able to demonstrate how they achieved this.

Patients said staff were friendly, polite and caring. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

# Summary of findings

## **Are services responsive to people's needs?**

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

Patients said they had no problem getting an appointment. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had good access for patients with restricted mobility, including a ground floor treatment room.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and outside the practice.

The practice had a portable hearing induction loop, to assist patients who used a hearing aid.

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

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

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

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

# Mydentist - Ratcliffe Gate - Mansfield

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 21 April 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

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

We also reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 49 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in February 2016 this being a minor injury to a member of staff. There were no learning points from this accident. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice had a policy for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) which had been updated in July 2015. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line. The accident policy had details of how to make a RIDDOR report together with a flow chart for ease of reference.

The practice recorded significant events. The records showed there had been one significant event in the 12 months up to the inspection visit. This related to repeated sharps injuries to staff members, and highlighted the need for specific staff training, which had been completed and recorded.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. Alerts were received by e mail at the company head office and forwarded to individual practices. The alerts were analysed and information shared with staff if and when relevant.

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

The practice had separate policies for safeguarding vulnerable adults and children. The children's policy had been reviewed and updated in December 2015 and the vulnerable adults policy in September 2015. Both policies identified how to respond to and escalate any safeguarding concerns. Discussions with staff showed that they were

aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A flow chart and the relevant contact telephone numbers were on display in reception, in the safeguarding file and in the staff room.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to support them in fulfilling that role. We saw the practice had a safeguarding file which contained all of the relevant information should there be any concerns relating to safeguarding.

Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children. This had been completed during March and April 2016.

There was a policy and risk assessment to assess the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed and updated in December 2015. This policy directed staff to identify and risk assess each chemical substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer to inform staff what action to take if an accident occurred for example in the event of any spillage. The practice manager demonstrated the COSHH file was under review and being developed.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 1 April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located on the work surfaces in the treatment rooms. The guidance indicated sharps bins should not be located on the floor, and should be out of reach of small children.

# Are services safe?

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a plentiful supply of rubber dam kits with both latex and non-latex being available to avoid the possibility of a latex allergy reaction in a patient.

## Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Two dental nurses had completed an emergency first aid at work course and were the designated first aiders for the dental practice. A poster in reception informed patients of this fact.

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

Staff at the practice had completed basic life support and resuscitation training on 3 November 2015.

Additional emergency equipment available at the practice included: airways to support breathing, portable suction, and manual resuscitation equipment (a bag valve mask).

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

## Staff recruitment

The practice had a recruitment policy which identified the steps to be taken when appointing staff. We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had both a health and safety policy and environmental risk assessments; both had been updated in December 2015. Risks to staff and patients had been identified and assessed with a formal report and action plan dated 14 April 2016. The practice manager demonstrated how the points on the action plan had been addressed.

Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment had been updated in April 2016. The fire extinguishers had been serviced in February 2016.

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

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in



# Are services safe?

respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in December 2015. The policy was available to staff working in the practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed as identified in the guidance HTM 01-05. The last audit in April 2016 scored 97%. The practice had produced an action plan.

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

There was a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had dirty and clean areas, and there was a clear flow between to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw that instruments were being cleaned and sterilised at the practice. The dental nurse who was the lead for decontamination demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had a washer disinfectant (a machine for cleaning dental instruments similar to a domestic dish washer). There was also an ultrasonic cleaner which was used as a backup for the washer disinfectant. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a solvent solution. After cleaning, the instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the

practice's autoclaves (a device for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised, using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

The practice had a policy for dealing with blood borne viruses which had been reviewed in December 2015. There were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a Legionella risk assessment which had been updated in February 2016. The practice was rated as: a slight to moderate risk with regard to Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular water tests, which were recorded.

The practice was flushing the dental unit water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical was used for the continuous decontamination of dental unit water lines to reduce the risk of Legionella bacterium developing. This followed the published guidance for reducing risks of Legionella.

## Equipment and medicines



# Are services safe?

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice to ensure it was safe to use on 12 April 2016. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. We saw the landlord's gas safety certificate which was dated 7 September 2015.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## **Radiography (X-rays)**

The practice had four intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had radiation protection supervisors (RPS) these being the dentists. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising

in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been serviced in February 2014. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is serviced at least once every three years.

The practice used digital X-ray images; these rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional X-rays. This makes them safer for both patients and staff.

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

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

Patients at the practice completed a medical history form, or updated their details. The dentist then checked the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

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

### Health promotion & prevention

The practice had a large waiting room with information for patients on display. There was a flat screen television giving positive oral health messages, and assorted literature about the services offered at the practice.

Two dentists explained that children seen at the practice were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with

the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' Which has been produced to support dental teams in improving patients' oral and general health.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking dentists had particularly highlighted the risk of dental disease and oral cancer.

### Staffing

The practice had three dentists; one dental therapist; three dental nurses; two trainee dental nurses, a practice manager and one receptionist. Dental nurses also worked on the reception desk. At the time of the inspection there were only two dentists in post, and a third was being recruited. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, and safeguarding.

Records at the practice showed that appraisals had been completed for all staff. Appraisals were completed on an annual basis for all staff. We saw evidence in four staff files that appraisals had taken place. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal.

### Working with other services

The practice made referrals to other dental professionals when it was clinically indicated that a referral should be made. For example: when complex treatment was required, for difficult extractions, sedation services or for orthodontic treatment. The NHS had recently installed software onto the practice computer which allowed electronic referrals to

# Are services effective?

(for example, treatment is effective)

be made for oral surgery. Dentists said they had not had the opportunity to use the system, as it had only been installed very recently. However, staff said the system should make the referral system much quicker and more efficient.

Records within the practice identified that referral for patients with suspected oral cancer had been made promptly. These were tracked to ensure they had been received and the patient seen.

## **Consent to care and treatment**

The practice had a consent policy which made reference to assessing a patient's capacity and the Mental Capacity Act 2005 (MCA) and best interest decisions. The policy had been reviewed in November 2015. The MCA provided a legal framework for acting and making decisions on behalf

of adults who lacked the capacity to make particular decisions for themselves. An easy read version of the MCA was available for staff, which was easier to understand, and covered the important points of the Act.

Consent was recorded in the patients' dental care records. The dentists discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

Discussions with dentists showed they were aware of and understood the use of Gillick to record competency for young persons. Gillick competence refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

# Are services caring?

## Our findings

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

At different times during the inspection we observed staff speaking with patients. We saw that staff were friendly, polite and professional. Our observations showed that patients were treated with dignity and respect.

The reception desk was located in the waiting room. We asked how patient confidentiality was maintained with reception staff. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room. Staff said that all details of patients' individual treatment was discussed in the privacy of the treatment room.

We observed staff speaking with several patients throughout the day, and found that confidentiality was not an issue at the practice. When asked about confidentiality patients said they had no concerns. Computer screens could not be overlooked at the reception desk. We saw that patients' dental care records were held securely.

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

We received feedback from 49 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in

the practice. Feedback was mostly positive with patients particularly noting the staff being friendly, and being treated with respect. The CQC comment cards identified that a third of the patients who responded specifically mentioned being involved in discussions and decisions about their dental care and treatment.

The practice offered mostly NHS treatments and the costs and banding scheme were clearly displayed in the practice.

We spoke with two dentists, about how each patient had their diagnosis and dental treatment discussed with them. One dentist demonstrated on the patient care record how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. This followed the completion of a risk assessment, which highlighted particular risks associated with smoking and diet, and the effects of soft drinks with a high sugar content on the patient's teeth, gums and mouth. This came from talking with the patient and reviewing their medical history form. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was located in a building close to Mansfield town centre. There was car parking available at the rear of the practice, and this included disabled parking. There was one ground floor treatment room.

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

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

We spoke with six patients during the inspection. Patients said they had not had a problem getting an appointment. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient within 24 hours, and usually the same day. One patient said they had experienced pain and telephoned the practice. One hour later they were in the practice waiting to see the dentist.

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

### Tackling inequity and promoting equality

There was an equality and diversity policy which had been reviewed in December 2015.

The practice was situated over two floors of a building close to the centre of Mansfield. There was one ground floor treatment room, so patients in a wheelchair or with restricted mobility could access treatment at the practice. There was an automatic door to the front of the practice, and ramped access for patients in wheelchairs or with young children in pushchairs.

The practice had good access to all forms of public transport with a bus stop located close by.

The practice had a ground floor toilet for the use of patients, and this had an emergency pull cord and grab rails to assist those with restricted mobility.

The practice had produced an access statement which detailed the steps taken to improve access for all patients, including the use of hand rails and ramps. The practice had a portable induction hearing loop which was located in reception.

Patients said that they were usually seen on time, and making an appointment was easy, as the reception staff were friendly, approachable and helpful.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said that there were patients who could not speak English, and if language was a barrier the patient usually brought someone to interpret for them which avoided the need for the interpreting service.

### Access to the service

The practice was open: Monday: 8:30 am to 5:30 pm; Tuesday 8:30 am to 8 pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 9:30 am to 8 pm; Friday 8:30 am to 5 pm and Saturday: 9 am to 12:30 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could ring the 111 telephone number for access to the NHS emergency dental service.

The day before their appointment was due patients were sent a text message reminder.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in December 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Parliamentary and Health Service Ombudsman.

Information about how to complain was displayed in the practice waiting room.

From information received before the inspection we saw that there had been four formal complaints received since new owners bought the practice. We saw documentation which identified complaints had been dealt with in a timely manner. Learning points from complaints had been identified and shared with staff. We also saw that apologies and explanations had been given in line with the practice policy related to a duty of candour.

# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice and most had been reviewed and where relevant updated during December 2015. The organisation had a management plan which included the review and updating of policies and procedures.

Staff said they understood their role and could speak with any of the dentists if they had any concerns. Staff said they understood the management structure at the practice. We spoke with three members of staff who said they were happy working at the practice, and there was good communication within the staff team.

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

### Leadership, openness and transparency

The practice manager had several years' management experience and a National Vocational Qualification (NVQ) in care. At the time of the inspection they had been in post at the practice for approximately six months.

The schedule of staff meetings had been changed following the new practice manager coming into post. We saw that staff meetings were scheduled for once a month throughout the year. A standard agenda which covered areas such as: health and safety, infection control and patient feedback had been produced. Staff meetings were minuted and minutes were available to all staff.

We spoke with several staff at the practice who told us there was an open culture. Staff said they could voice their views, and raise concerns. Dentists were available to discuss any concerns and there was support available regarding clinical issues. Observations showed there was a friendly attitude towards patients from all of the staff. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

Staff at the practice had the General Dental Council's (GDC) nine principles to meeting the GDC standards available. This was to offer guidance and remind them of the key steps to good practice. A copy of the principals was displayed in the waiting room.

The practice had a whistleblowing policy which was had been reviewed in April 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. We discussed the whistleblowing policy with a dental nurse who was able to give a clear account of what the procedures were for, and when and how to use them. The policy was available on any computer in the practice.

### Learning and improvement

We saw there was a schedule of audits completed throughout the year. This was for both clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved, particularly in respect of the clinical areas. We saw completed audits for infection control, record keeping and radiographs (X-rays).

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from the NHS patients, and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis. The most recent data showed that all patients who responded (27) would recommend the dentist.

In the six months leading up to the inspection since the new provider had taken over there had been five

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comments posted on the NHS Choices website. These were a mixture of positive and negative comments. The provider had responded to each comment. The practice manager explained how comments whether positive or negative were used to drive improvements at the practice. Patient feedback was discussed at staff meetings as a standing agenda item.

The practice also had a “tell us about your experience” feedback form. Patients could complete a form in the practice or could do this on-line via a computer or mobile telephone. The results were analysed on a monthly basis and discussed in staff meetings and were used to make improvements within the practice.