

Execudent Limited

Oldbury Court Dental Centre

Inspection Report

3 Oldbury Court
Fishponds
Bristol
BS16 2HH
Tel: 01179651501
Website: www.execudent.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 22 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 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 providing well-led care in accordance with the relevant regulations.

Background

Oldbury Court Dental Centre is a dental practice providing NHS and some private dental treatment and caters for both adults and children. The practice is situated in the shopping area of Fishponds in Bristol. The practice has five dental treatment rooms, a reception and waiting area. Three of the treatment rooms are on the first floor and two on the ground floor along with other facilities enabling access for patients with limited mobility.

The practice has five dentists and five dental nurses who were supported by one receptionist and a practice manager. The practice's opening hours are 8:30am – 5:30pm Monday to Thursday and 8:30am – 12:30pm on Fridays. For out of hours service patients are directed to ring 111.

At the previous inspection there was no registered manager. At this inspection we found a practice manager had been appointed to provide leadership in the practice and they were in the process of applying to be the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. However the practice did have an appointed practice manager but they were not present on the day of inspection.

Summary of findings

We carried out an announced comprehensive inspection on 22 December 2015 to follow up on the breaches of regulation found at the last inspection on 27 October 2015. Following the last inspection we asked the provider to submit an action plan to us within 24 hours of the inspection identifying actions to address the requirement notices for the following regulations; **9** Person centred care; **10** Dignity and respect; **12** Safe care and treatment; **13** safeguarding service users from abuse and improper treatment; **17** Good governance; **18** Staffing; **19** Fit and proper persons employed. This announced inspection took place over one day and was carried out by a lead inspector with remote specialist dental advice. Following this inspection we found the service to be compliant with all relevant regulations.

We spoke with three adult patients and two children who used the service on the day of our inspection. The patients we spoke with were complimentary about the service. They told us they found the practice staff provided good care with explanations of treatment options and discussion; were friendly and welcoming and all patients felt they were treated with dignity and respect.

Our key findings were:

- The patients we spoke with indicated they felt involved in their treatment and that it was fully explained to them. Common themes were patients felt they received very good care in a clean environment from a helpful and professional practice team. We observed good communication with patients and their families; access to the service and to the dentists, was good.
- 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.
- Appropriate recruitment processes and checks were undertaken in line with safer recruitment guidance for the protection of patients.
- Staff were supported to maintain their continuing professional development; had undertaken training appropriate to their roles and told us they felt well supported to carry out their work.
- 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 required. 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; including through a detailed programme of clinical and non-clinical audits.
- The practice had an accessible and visible leadership team with clear means of sharing information with staff.
- There were systems to check equipment had been serviced regularly, including the compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.

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. 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. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

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. We evidenced care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health. The practice 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.

All clinical members of the dental team were meeting their requirements for continuing professional development. All staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and had received training since the last inspection.

Are services caring?

We spoke with five 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.

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.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Summary of findings

The practice audited the suitability of the premises and ensured they were able to accommodate patients with mobility difficulties and hearing impairment. The practice was also able to offer a translation service for patients whose first language was not English. There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients.

Are services well-led?

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

The practice assessed risks to patients and staff and 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 and staff told us they felt well supported.

The practice had an accessible and visible leadership team with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff we spoke with demonstrated they were well-trained, confident in their work and felt well-supported.

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

Oldbury Court Dental Centre

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 22 December 2015. The inspection took place over one day. The inspection was led by a Care Quality Commission (CQC) inspector. They were supported by remote dental specialist advisor.

Before visiting, we reviewed the information received from the provider prior to the inspection including an action plan and some evidence of actions taken to address the breaches of regulation found at the last inspection. We also informed the local Healthwatch we were inspecting the practice; however we did not receive any information from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four patients, nine members of staff and the practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment.

We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Patients we spoke with were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

Since the last inspection a system has been put in place for reporting and learning from incidents. There had been no incidents recorded since our last inspection in October 2015. There was a policy for staff to follow for the reporting of these events and we heard from staff how this would be implemented when an incident happened.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance.

Staff meetings were convened regularly and minutes seen demonstrated there had been three meetings since the last inspection. We saw there was a clear agenda for these meetings and minutes seen evidenced the content of these meetings. They demonstrated the areas of non-compliance had been discussed, information shared and staff requested to read and sign policy documents to ensure they were aware of the incident reporting process which had been implemented since the last inspection.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. These included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was available in the patient waiting room. Since the last inspection staff spoken with had read and signed to say they understood the policy and had received training.

At the last inspection the practice manager was designated as the lead person for safeguarding but not all staff in the practice were aware of this. At this inspection all staff were able to identify who was the lead professional for safeguarding and they had all undertaken training and updated their knowledge and awareness of the process to follow should they identify any patient with potential signs of abuse.

At the last inspection 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') but told us they would not know with whom to raise a concern. At this inspection we were told there was an approachable practice manager in post and staff would feel comfortable raising any concerns with them. Staff told us they felt the manager would respond appropriately should they report anything. Staff also reported they were aware they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.

At the last inspection the practice had not carried out any risk assessments with a view to keeping staff and patients safe in the practice since 2012. At this inspection we observed and were shown the practice had 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). Since the last inspection the practice had implemented 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.

At this inspection we saw all staff 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.

As at the last inspection the practice followed national guidelines about patient safety when providing root canal treatment. For example, the practice used a rubber dam when undertaking this treatment. (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 had arrangements in place to deal with medical emergencies at the practice. Staff received annual training in using the emergency equipment. We saw staff training in the handling of medical emergencies was last undertaken in May 2015.

At the last inspection the practice did not have all the required medicines in line with the guidance issued by the British National Formulary and as recommended by the UK Resuscitation Council for Dental Practices. At this inspection we observed these medicines were all in date and fit for use. The practice had an automated external

Are services safe?

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 for both adults and children, were also available. Since the last inspection the storage place for the emergency medicines had been changed to ensure they were securely stored but easily accessible to staff when required.

Since the last inspection we were shown records which demonstrated weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. As at the last inspection staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

We were shown evidence two members of staff were trained in first aid and first aid boxes were available on both floors of the practice. One of these members of staff described to us their responsibilities and understanding of how accidents would be managed in accordance with the practice policy and national guidance. We observed the first aid boxes were checked regularly with the emergency medicines.

Staff recruitment

The practice staffing consisted of five dentists, five dental nurses, one receptionist and the practice manager. We were told due to the busy nature of the practice either a dental nurse or the practice manager would take the role of second receptionist to deal with the volume of patients and calls the practice received.

At the last inspection we found the practice did not have a recruitment policy and procedure outlining how staff were to be recruited for the safety of patients. At this inspection we were shown the practice had implemented a recruitment policy and staff files had been updated to ensure they all contained the relevant and required documentation including evidence of induction for new members of staff.

We saw and were told by the practice manager they had created a recruitment matrix to ensure they could see at a glance when documents, such as General Dental Council registration or indemnity insurance needed updating and to ensure they had obtained all required documentation for any new member of staff. The practice manager told us

they had now arranged for any agency staff to come from a specified agency which would confirm the member of staff had been safely recruited and had an identity badge. We saw documentation which verified this.

At the last inspection the practice did not have evidence all qualified clinical staff were registered with the General Dental Council (GDC). At this inspection we were shown the practice had a system in place to monitor staff had obtained up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) and records seen confirmed this. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

At the last inspection we found potential risks to the service had not always been anticipated or planned for in advance to ensure patient and staff safety. At this inspection we observed 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. Records showed fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Evidence was seen that staff had received fire safety training and fire drills to ensure they could appropriately respond in case of fire.

At the last inspection the risks from having a storeroom on the first floor of the practice had not been identified. At this inspection we saw the provider had totally reordered this room and it was now a decontamination room and items for storage were appropriately stored in another part of the building. We observed the door to this room was locked with a keypad so all staff could have easy access to the room.

At this inspection we were shown the practice had a comprehensive risk management process, 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 practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments would be reviewed

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annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

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

At the last inspection the practice did not have systems and processes in place to minimise cross infection. At this inspection we saw the provider had reordered and redecorated parts of the practice and had robust systems and processes in place to control the spread of infection.

We observed and staff told us the practice now 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'. HTM01-05 sets out in detail the processes and practices essential to prevent the transmission of infections.

These documents and the practice's 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 for the safety of all.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room 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 were positive about the cleanliness of the practice.

Since the last inspection one of the dental nurses had been identified as the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. The practice had an infection prevention and control (IPC) policy and the lead professional was responsible for completing the IPC audits. We saw evidence the last IPC audit was completed using the Infection Prevention Society format on 17 November 2015. The audit scored the practice at 99% and identified areas which needed attention. The lead nurse told us these areas had now been addressed and a re-audit would take place in the new year.

We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. There was a dedicated decontamination room in the practice which served all four treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean colour coded instruments between the treatment rooms and decontamination room. The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. We observed the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always completed and up to date. All recommended tests utilised as part of the

Are services safe?

validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. There was a hand hygiene poster displayed above all hand wash basins. There was a risk assessment and procedure in place for handwashing in the decontamination room as this did not have a designated hand wash basin.

The practice had a Legionella risk assessment carried out by a specialist company in 2015 and had completed all the recommended work. Legionella is a bacterium which can contaminate water systems. We saw staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and documentary evidence seen supported this.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

Equipment and medicines

At the last inspection we saw there were not always sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. We also found the system in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics was not clear.

At this inspection we were shown systems were in place to check all equipment had been serviced regularly, including

the compressor, autoclaves, X-ray equipment and fire extinguishers. Records seen 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 recently 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 patient's dental care records of all prescriptions issued.

At the last inspection we found some dental products were being stored in a fridge along with food items. At this inspection we saw the practice had a dedicated fridge for dental products. Records seen demonstrated the temperature of the fridge was monitored daily to ensure storage of these items remained within the recommended range to maintain safety and efficacy.

Radiography (X-rays)

Radiography equipment was available in all of the five treatment rooms.

At the last inspection we found that not all x rays taken were quality assured and reported upon to inform care and treatments. The practice had not carried out an audit of their X-ray performance to demonstrate X-rays were being taken to an appropriate standard with in the last three years.

At this inspection we saw the practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. X-rays were digital and images were stored within the patient's dental care record.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local

Are services safe?

rules relating to each X-ray machine were maintained and a radiation risk assessment was in place. We saw training records which confirmed the dentists and nurses had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took.

Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was taking x rays in accordance with the Faculty of General Dental Practice (FGDP) radiological good practice guidelines which ensured patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

At the last inspection we found patients needs were assessed however care and treatment was not always delivered in line with current legislation and published best practice.

During this inspection we saw the practice kept detailed paper and electronic records of the care given to patients. The practice manager told us they are moving to all electronic records. We reviewed the information recorded in five patient 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 records we looked at confirmed this. This included an update about patient's health conditions, current medicines being taken and whether they had any allergies. Patients spoken with reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

At the last inspection we found there was little information about effective dental hygiene and how to reduce the risk of poor dental health.

At this inspection the practice demonstrated they had a stronger 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. Patients were referred to the practice's dental therapist as required.

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 manager told us they provided health promotion information to support patients in looking after their general health during consultations and using some leaflets and posters in the waiting room.

Staffing

At the last inspection staff told us they received mandatory training but opportunities for professional development were limited due to the high volume of activity at the practice and lack of time available for training. We also found there was no induction programme for new staff or a system of annual appraisal to identify staff training and development needs.

At this inspection staff told us, and records seen corroborated, the practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training including basic life support and infection prevention and control had been completed. New staff to the practice had received 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

Are services effective?

(for example, treatment is effective)

staff were required to maintain an on going programme of continuing professional development as part of their registration with the General Dental Council. Records seen showed professional registration was up to date for all staff.

Since the last inspection an effective appraisal system had been implemented and was used to identify training and development needs. Staff we spoke with told us they had accessed specific training since the last inspection in line with their professional needs.

Working with other services

The practice worked with a range of other professionals to ensure patient's needs were met. This included referring patients to a specialist oral surgeon who received all referrals for complex extractions and the community specialist team. Referrals were also made to local hospitals.

The dentists explained the processes in place to ensure referrals made between these services were comprehensive. This included ensuring the referral letter had details of the reason for referral, medical history, social history and personal contact details. We reviewed paperwork for a referral. We saw all relevant information was passed on and the dentist had been updated on the progress of the treatment.

Consent to care and treatment

At the last inspection we found written consent was not always obtained or documented. Staff had a very limited understanding of the Mental Capacity Act 2005 and its application in relation to their role and had not received any training in this area. [The Mental Capacity Act 2005

(MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves].

At this inspection practice staff explained to us how valid consent was obtained for all care and treatment. The practice's 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 demonstrated a good working knowledge of its application in practice.

The 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.

We reviewed a random sample of five dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback 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

At the last inspection we found patients dignity and respect was compromised as treatment room doors were left open when they were being treated, conversations could be overheard from these rooms and patients observed having treatment.

At this inspection we observed all treatment room doors were closed during patient consultations and treatment so privacy and dignity was maintained. We spoke with four patients on the day of the inspection and comments from them 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.

At the last inspection patient records were not appropriately stored to maintain confidentiality. At this inspection we observed electronic dental care records were password protected and paper records were securely stored to maintain confidentiality. 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 ground floor waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. All treatment room doors remained closed during consultations.

Involvement in decisions about care and treatment

At the last inspection we found patient medical histories were not always checked and updated with them. Dental care records had shown limited information about discussion of treatment options to assist patients in making an informed decision.

At this inspection we observed and were told the practice provided patients with information to enable them to make informed choices. Patients we spoke with 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 patient's relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at mostly reflected this.

Patients were sometimes 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.

The practice displayed information in the waiting area which gave details of the NHS dental charges and fees. Patients told us they were sometimes given copies of their treatment plans which included useful information about the proposed treatments, any risks involved, and associated costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open from 8:30am – 5:30pm Monday to Thursday and 8:30am – 12:30pm on Friday. Staff told us the appointment times were reflective of patients needs. Patients who provided feedback were satisfied with the opening times.

At the last inspection we found little action had been taken to understand patient's needs and to identify any barriers to patients accessing the practice and understand areas which required improving. At this inspection we saw the recently appointed manager together with the staff team had taken steps to address these issues.

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

Staff told us the patient population was quite diverse. The receptionist told us they took account of the varying needs of patients and made reasonable adjustments to ensure all patients had equal access to the service. This included providing information in other languages if required.

The clinical area of the practice was set out over two levels. There was a downstairs surgery that was accessible for patients with mobility restrictions.

Staff had access to translation services via an online translation service. The staff team were also multi-lingual with staff speaking a range of languages including Spanish, Greek and Hindi.

Access to the service

The practice had a comprehensive website with information about their services, treatments, opening times and contact details. Opening times were displayed on the website as well as on the practice door. There was a patient leaflet with detailed information for patients outlining treatment costs and services.

At the last inspection patients told us they often had to wait anything from a few minutes to more than half an hour after their appointment time before they were seen. We observed the computerised appointments system and its management were not effectively managed.

At this inspection 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. Patients spoken with told us they felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice's 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. Patients we spoke with told us this was very helpful.

Concerns & complaints

There was a complaint policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice website.

At the last inspection we found the complaint policy was not followed and patient complaints had not been appropriately investigated.

During this inspection we saw the practice complaint policy had been highlighted to staff and provided them with clear guidance about how to handle a complaint. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure these were responded to appropriately and in a timely manner.

Since the last inspection the practice had not received any complaints. The practice manager showed us the 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 and sought to address the concerns and effect a satisfactory outcome for the patient.

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Our findings

Governance arrangements

At the last inspection we found the practice lacked clear leadership and good governance systems to effectively assess, monitor and improve the quality and safety of services provided.

At this inspection we were shown the practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. 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. These included guidance about 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 were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed.

Leadership, openness and transparency

At the last inspection we observed and were told there was ineffective leadership locally in the practice and by the

provider of services overall. There was a limited system of clinical governance in place to underpin the quality of clinical care provided by the practice however it was not being managed effectively.

At this inspection staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager who would listen to them. We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team and worked as a team toward the common goal of delivering high quality care and treatment.

The provider was aware of and complied with the requirements of the Duty of Candour. The manager encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

There were structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

Management lead through learning and improvement

At the last inspection we found staff were not supported in their learning and had not received appropriate training for their roles or regular appraisal to monitor their skills and competence. There was no programme of clinical and non-clinical audit for monitoring the quality of the service.

At this inspection we observed and heard from staff the practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain 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

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audits. These included audits of infection control, record keeping, waiting times, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories.

Where areas for improvement had been identified in the 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

At the last inspection we found the practice was not actively seeking patient or staff feedback or acting upon any they did get to improve service provision.

During this inspection we observed the practice had systems in place to seek and act upon feedback from patients using the service. The practice had a compliments book at reception which had positive comments recorded.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about the services provided. The test results demonstrated patients would be likely to recommend the service. The practice planned to carry out an annual patient and staff survey to encourage feedback about the practice.

Staff told us after the last inspection a clear mechanism to provide feedback about problems in the practice had been implemented. They told us this had made a big improvement to the staff morale, running of the practice and therefore service delivery to patients.

At the last inspection the provider told us he would be taking immediate action to address the issues and concerns. As can be seen throughout this report the provider took action and at this inspection was found to be meeting all the relevant regulations for the safety and well-being of patients.